

Office Supplies Reimbursement Document

Employee Name: _____

Department: _____

Employee ID: _____

Date of Submission: ____ / ____ / ____

List of Purchased Office Supplies

Item Description	Date Purchased	Quantity	Unit Price	Total Price	Receipt Attached
Total Reimbursement Amount					

Declaration

I hereby confirm that the listed expenses were incurred for official office use and the provided receipts are authentic. I request reimbursement for the above-listed supplies.

Date: ____ / ____ / ____

Employee Signature

Date: ____ / ____ / ____

Approver's Signature

Important Notes

- Original receipts must be attached for all claimed items.
- Ensure that all expenses comply with company reimbursement policies.
- Incomplete submissions may result in reimbursement delays or denial.
- This form must be submitted within the stipulated period after purchase.