

# 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
<b>Total Reimbursement Amount</b>					

## 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.