

Company Office Supplies Reimbursement Application Form

Employee Information

Employee Name

Department

Employee ID

Date of Application

Reimbursement Details

No.	Description of Supplies	Quantity	Unit Price	Total Amount	Purchase Date	Receipt Attached
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Sele<div></div></div>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Sele<div></div></div>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Sele<div></div></div>

Total Amount to be Reimbursed

Purpose/Justification

State the purpose or justification for the supplies purchased.

Applicant Declaration

☐

I declare that the information provided is true and the attached receipts are authentic.

For Office Use Only

Approved By

Date of Approval

Remarks

Important Notes:

- Attach all original purchase receipts to validate your claims.
- Only office-related supplies are eligible for reimbursement.
- Incomplete forms or missing attachments may delay or void your reimbursement.
- Ensure approval from the authorized personnel before submission.
- Refer to the company's reimbursement policy for exclusions and limits.