

# Office Supplies Purchase Reimbursement Claim

## Employee Details

Employee Name	John Doe	Employee ID	EMP1234
Department	Administration	Contact Number	+1 234 567 8901
Date of Claim	2024-06-15	Email	john.doe@email.com

## Purchase Details

Item Name	Purpose	Date of Purchase	Vendor	Invoice No.	Unit Price	Quantity	Total Cost
Printer Ink Cartridge	Printer maintenance	2024-06-10	Staples	INV-2024-001	\$35.00	2	\$70.00
A4 Paper (500 sheets)	Document printing	2024-06-12	Office Depot	INV-2024-012	\$7.50	3	\$22.50
Ballpoint Pens (Pack of 10)	General office use	2024-06-13	Staples	INV-2024-015	\$4.00	2	\$8.00
Total Reimbursement Claim:							\$100.50

## Employee Declaration

I hereby declare that the above expenses were incurred by me for official purposes and have not been previously claimed or reimbursed. All invoices/receipts have been attached for verification.

Signature		Date	2024-06-15
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## Approvals

Supervisor Name	Jane Smith	Signature	Date
Finance Department		Signature	Date

## Important Notes

- Attach original invoices/receipts for all items listed.
- Ensure expenses comply with the company's reimbursement policy.
- Incomplete or incorrect forms may delay processing.
- Items must be purchased for official/business use only.
- Submit the completed form within the stipulated timeline for claims.