

# Office Supplies Claim Form

## Claimant Information

Name:

Department:

Position:

Date of Claim:

## Claim Details

No.	Item Description	Quantity	Unit Price	Total (RM)
1	A4 Paper (500 sheets)	2	15.00	30.00
2	Pens (Blue, 12pcs)	1	8.50	8.50
3				
4				
<b>Grand Total (RM):</b>				

## Approval

Claimant Signature:	Supervisor/Manager Approval:
Date:	Date:

## Important Notes:

- All original receipts must be attached to this claim form.
- Ensure all details are accurate before submission.
- Claims without proper approval will not be processed.
- This template may be edited further to suit your organization's requirements.