

# Office Supplies Claim Form

## Claimant Information

Name:

e.g. John Doe

Department:

e.g. Finance

Position:

e.g. Accountant

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				
Grand Total (RM):				

## Approval

<div>Claimant Signature:</div> <div></div> <div>Date:</div>	<div>Supervisor/Manager Approval:</div> <div></div> <div>Date:</div>
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## 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.