

# Office Supplies Reimbursement Claim

## Employee Details

Name	<div></div>	Employee ID	<div></div>
Department	<div></div>	Date of Claim	<div>____ / ____ / ____</div>

## Claim Details

Date of Purchase	Item Description	Vendor/Store	Quantity	Amount (₹)
<div>____ / ____ / ____</div>	<div></div>	<div></div>	<div></div>	<div></div>
<div>____ / ____ / ____</div>	<div></div>	<div></div>	<div></div>	<div></div>
<div>____ / ____ / ____</div>	<div></div>	<div></div>	<div></div>	<div></div>
Total Amount				<div></div>

## Bank Details (for reimbursement)

Account Holder Name	<div></div>	Bank Name	<div></div>
Account Number	<div></div>	IFSC Code	<div></div>

## Employee Declaration

I hereby declare that the above expenses were incurred solely for official purposes and all original bills/receipts are attached.

Employee Signature	<div></div>	Date	<div>____ / ____ / ____</div>
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## For Office Use Only

Approved By	<div></div>	Date	<div>____ / ____ / ____</div>
Remarks	<div></div>		

## **Important Notes**

- Attach all original purchase receipts; photocopies may not be accepted.
- Incomplete claims will be returned for correction.
- All claims must be submitted within 30 days of purchase.
- Ensure bank details are correct to avoid payment delays.
- This form is for office supplies only; other reimbursement types require separate forms.