

# Office Supplies Reimbursement Claim

## Employee Details

Name			Employee ID		
Department			Date of Claim	____ / ____ / ____	

## Claim Details

Date of Purchase	Item Description	Vendor/Store	Quantity	Amount (₹)
____ / ____ / ____ / ____	_____	_____	_____	_____
____ / ____ / ____	_____	_____	_____	_____
____ / ____ / ____	_____	_____	_____	_____
Total Amount				_____

## Bank Details (for reimbursement)

Account Holder Name	_____		Bank Name	_____	
Account Number	_____		IFSC Code	_____	

## Employee Declaration

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

Employee Signature	_____	Date	____ / ____ / ____
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## For Office Use Only

Approved By	_____	Date	____ / ____ / ____
Remarks	_____		

## **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.