

Office Supplies Reimbursement Claim

Employee Name:

Employee ID:

Department:

Claim Date:

Reimbursement Details

Item Description	Date Purchased	Quantity	Amount (USD)
Total Amount			

Reason/Purpose:

Employee Signature & Date

Manager Approval & Date

Important Notes

- Attach original receipts/invoices of all claimed items.
- Claims must be submitted within the allowable period as per company policy.
- Incomplete forms or missing documentation may result in delays.
- Only claims for approved office supplies are eligible for reimbursement.
- Manager’s approval is required prior to processing reimbursement.