

Office Supplies Reimbursement Claim Form

Employee Information

Full Name

Department

Employee ID

Date of Claim

Reimbursement Details

Date Purchased	Item Description	Vendor/Store	Quantity	Unit Price	Total Amount

Total Claim Amount

Purpose of Reimbursement

Briefly state the purpose or use of the purchased supplies

Attachment

Please attach original invoice(s) and relevant receipts to this form.

Employee Signature

Date: _____

Supervisor/Manager Approval

Date: _____

Important Notes

- Only office-related supplies are eligible for reimbursement; personal expenses are not allowed.
- All claims must be supported by original receipts or valid invoices.
- Claims should be submitted within the stipulated timeline as per company policy.
- Misrepresentation or false claims may result in disciplinary action.
- Company reserves the right to approve or deny claims based on policy compliance.