

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
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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.