

Office Supplies Expense Reimbursement Template

Please fill out this form completely for all office supply purchases. Attach all original receipts to this form prior to submission for approval.

Employee Information

Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Submission Date:	<input type="text" value="MM/DD/YYYY"/>
Manager/Supervisor:	<input type="text"/>	Email Address:	<input type="text"/>

Expense Details

Date of Purchase	Vendor / Store Name	Item Description	Quantity	Unit Price (\$)	Total Price (\$)
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Reimbursement Requested:					<input type="text"/>

Business Purpose / Notes

Please provide a brief explanation of the business necessity for these items:

Signatures and Approvals

By signing below, the employee certifies that the expenses listed above were incurred for legitimate business purposes and have not been previously reimbursed.

Employee Signature:	<input type="text"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
Authorized Approver Signature:	<input type="text"/>	Date:	<input type="text" value="MM/DD/YYYY"/>