NEW HIRE OFFICE SETUP EXPENSE STATEMENT

Office Equipment Purchase & Reimbursement Claim Form

Employee Name:

Employee ID:

Department:

Submission Date:

Manager Name:

Start Date:

DATE PURCHASED	CATEGORY	ITEM DESCRIPTION	RECEIPT ATTACHED	AMOUNT

Subtotal:

Tax / VAT:

Other / Shipping:

Total Claim:

EMPLOYEE SIGNATURE

Date:

AUTHORIZED APPROVER SIGNATURE

Date: