

# OFFICE KITCHEN CONSUMABLES REIMBURSEMENT CLAIM FORM

Expense Template for Office Refreshments and Kitchen Supplies

## CLAIMANT DETAILS

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

SUBMISSION DATE

## EXPENSE ITEMIZATION

DATE	VENDOR/ STORE	ITEM DESCRIPTION (E.G., COFFEE, MILK, PAPER TOWELS)	CATEGORY	AMOUNT (\$)
<b>Total Claim Amount</b>				

## APPROVALS AND SIGN-OFF

\_\_\_\_\_  
Claimant Signature

Date: .....

\_\_\_\_\_  
Authorized Approver Signature

Date: .....