

OFFICE EQUIPMENT PURCHASE REIMBURSEMENT FORM

Submit completed form with original receipts attached for processing.

Employee Information

EMPLOYEE NAME

DEPARTMENT

EMPLOYEE ID

EMAIL ADDRESS

SUBMISSION DATE

Equipment Purchase Details

NO.	ITEM DESCRIPTION	VENDOR / RETAILER	PURCHASE DATE	QTY	UNIT PRICE
1					
2					
3					
4					
5					

Subtotal	
Sales Tax	
Shipping / Other	
Total Claim	

Authorizations & Signatures

Employee Signature

Date

Department Manager Approval Signature

Date

Finance / Accounts Payable Approval Signature

Date

Submission Instructions:

1. Attach all original store receipts, invoices, or online order confirmations showing payment confirmation.
2. Equipment purchases exceeding established limits must have prior manager authorization attached.
3. Please allow up to 10-14 business days for processing and reimbursement payment.