OFFICE SUPPLY EXPENSE REPORT

Company Name: _____

Department: _____

Submitted By: _____

Report Date: _____

Report Number: _____

Approved By: _____

DATE	ITEM DESCRIPTION	VENDOR / STORE	QTY	UNIT PRICE	TOTAL PRICE

Subtotal	
Tax Rate (%)	
Tax Amount	
Other / Shipping	
Total Due	

_____

Employee Signature Date

_____

Manager Approval Signature Date