

OFFICE STATIONERY & PAPER PRODUCTS

Expense Claim Form

Claimant Information

EMPLOYEE NAME _____

EMPLOYEE ID _____

DEPARTMENT / COST CENTER _____

SUBMISSION DATE _____

Expense Details

DATE	DESCRIPTION (ITEM, BRAND, QUANTITY DETAILS)	QTY	UNIT PRICE	TOTAL AMOUNT
			Subtotal:	
			Tax / VAT:	
			Grand Total:	

Authorizations & Approvals

Claimant Signature & Date

Manager / Approver Signature & Date