

# OFFICE SUPPLIES PURCHASE REQUEST

Expense Template

DEPARTMENT / COST CENTER \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

PURCHASE ORDER NUMBER (IF APPLICABLE) \_\_\_\_\_

| # | ITEM DESCRIPTION | CATEGORY | QTY | UNIT PRICE | TOTAL |
|---|------------------|----------|-----|------------|-------|
| 1 |                  |          |     |            |       |
| 2 |                  |          |     |            |       |
| 3 |                  |          |     |            |       |
| 4 |                  |          |     |            |       |
| 5 |                  |          |     |            |       |
| 6 |                  |          |     |            |       |
| 7 |                  |          |     |            |       |
| 8 |                  |          |     |            |       |

Subtotal \_\_\_\_\_

Tax / VAT \_\_\_\_\_

Shipping /  
Other

**Grand Total**

REQUESTED BY (SIGNATURE) \_\_\_\_\_

APPROVED BY (SIGNATURE)