

REMOTE EMPLOYEE HOME OFFICE EQUIPMENT EXPENSE LOG

Office Equipment Purchase & Reimbursement Claim Form

Employee Name:		Employee ID:	
Department / Group:		Submission Date:	
Job Title:		Manager / Approver:	

DATE	ITEM DESCRIPTION / SPECIFICATIONS	VENDOR / SUPPLIER	RECEIPT / INVOICE #	CATEGORY	TOTAL COST

Subtotal	
Sales Tax	
Shipping / Other	
Total Requested Reimbursement	

EMPLOYEE SIGNATURE

MANAGER / APPROVER SIGNATURE

DATE

DATE