MONTHLY STATIONERY & PAPER PRODUCTS EXPENSE SHEET

Office Administration & Supplies Record

Month / Year: _____

Department: _____

Prepared By: _____

Approved By: _____

Date	Item Description	Category	Qty	Unit Cost	Total Cost	Ref / Receipt #

Subtotal	
Tax	
Total Expense	

Employee Signature

Date: _____

Authorized Approver Signature

Date: _____