

Office Allowance Form

Employee Information

- Full Name: _____
- Employee ID: _____
- Department: _____
- Designation: _____
- Contact Number: _____

Allowance Details

- Type of Expense (e.g., Office Supplies, Travel): _____
- Total Amount Requested: _____
- Description of Expenses: _____
- Date of Expense: _____

Expense Breakdown

Item	Quantity	Cost per Item	Total Cost

Approval

- Manager Approval: Approved Denied
- Manager Name: _____
- Date: _____

Employee Signature: _____

Submission Date: _____