MONTHLY OFFICE SUPPLY BUDGET REVIEW

FORM ID: OS-2024

Department: _____
Month/Year: _____
Reviewed By: _____
Approval Date: _____

EXPENSE CATEGORY	ALLOCATED ($)	ACTUAL ($)	VARIANCE (+/-)
Paper & Stationery			
Printer Ink & Toner			
Writing Instruments			
Technology & Accessories			
Cables & Peripherals			
Data Storage			
Breakroom & Cleaning			

EXPENSE CATEGORY	ALLOCATED ($)	ACTUAL ($)	VARIANCE (+/-)
Coffee & Refreshments			
Sanitation Supplies			
TOTAL MONTHLY EXPENDITURE			

VARIANCE ANALYSIS & RECONCILIATION NOTES:

Department Manager Signature

Finance Department Signature