

Company Vehicle Fuel Expense Claim

Employee Name

Employee ID

Department

Vehicle Registration No.

Vehicle Make/Model

Date of Claim

Fuel Purchase Details

Date	Fuel Type	Amount (Liters)	Total Cost	Receipt Number	Vendor/Station	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount Claimed

Remarks

Employee Declaration

☐

I hereby declare that the information provided is true and the expenses claimed are valid.

Employee Signature

Date