

Contractor Fuel Expense Claim

Contractor Name

Date

Project / Department

Claim Period

Date	From	To	Purpose	Distance (km)	Fuel Cost
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total	

Remarks

Claimant Signature

Approved By