

# Company Vehicle Fuel Reimbursement Form

Employee Name:

Employee ID:

Department:

Date of Submission:

Vehicle Registration No.:

Date of Purchase	Fuel Station	Odometer Reading	Fuel Type	Fuel Quantity (L)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Petrol	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Petrol	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Petrol	<input type="text"/>

Total Amount Requested:

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Employee Signature

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Approver Signature

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Date

## Important Notes:

- Attach original fuel purchase receipts for each entry in the table.
- Ensure all fields are accurately completed to avoid processing delays.
- Claims must be submitted within the allowed timeframe as per company policy.
- Reimbursement is only for official business use and company-authorized vehicles.
- Any false claim may result in disciplinary action.