

Employee Fuel Purchase Declaration

Employee Name

Enter your full name

Employee ID / Code

Enter your employee ID/code

Department

Enter your department

Designation

Enter your designation

Vehicle Number & Model

e.g., TN05AB1234 / Maruti Swift

Date of Fuel Purchase

Fuel Station Name/Location

Enter fuel station details

Fuel Amount (in Litres)

Total Cost (â,¹)

Purpose of Fuel Usage

State the purpose (e.g., official travel, site visit)

Fuel Bill / Invoice No.

Enter invoice or receipt number

Additional Remarks (if any)

Any additional information

Date: _____

Employee Signature

Supervisor/Manager Signature

Important Notes:

- Attach original fuel bill/invoice with this declaration.
- Ensure that all information provided is accurate and true to the best of your knowledge.
- This declaration is meant for official fuel reimbursements only.
- Misrepresentation may lead to disciplinary action as per company policy.
- Submit this form within the prescribed timeframe as per reimbursement guidelines.