

Fuel Reimbursement Supporting Document

Employee Name	[Insert Name]
Employee ID	[Insert ID]
Department	[Insert Department]
Date of Submission	[Insert Date]

Fuel Expense Details

Date	Location (Fuel Station)	Amount (Currency)	Purpose/Trip Description	Receipt Number
[MM/DD/YYYY]	[Insert Location]	[Insert Amount]	[Insert Purpose/Description]	[Insert Receipt #]

Attached Supporting Receipts

[Attach scanned copies or photographs of original fuel purchase receipts. List filenames or identifiers here if submitting digitally.]

- [Receipt1.jpg]
- [Receipt2.jpg]

Employee Signature & Date

Supervisor/Manager Approval & Date

Important Notes

- Ensure all receipts are original, clear, and unaltered.
- Claims must be submitted within the company's prescribed timeframe.
- Incomplete or unverifiable documentation may result in delayed or denied reimbursement.
- All fields must be completed accurately before submission.
- Personal fuel expenses not related to company business are not reimbursable.