

Personal Vehicle Fuel Reimbursement Declaration

Date of Submission:

YYYY-MM-DD

Employee Name:

Enter your full name

Employee ID:

Enter your ID number

Department:

Enter department

Contact Number:

E.g., +1 123 456 7890

Vehicle Details (Make/Model/Plate):

E.g., Toyota Corolla, AB123CD

Trip and Fuel Details

Date	Destination / Purpose	Odometer Start	Odometer End	Total KM	Fuel Purchased (Litre)	Amount (Currency)	Receipt #

Total Reimbursement Claimed (Currency):

E.g., \$100.00

Declaration:

I hereby declare that the information provided above is accurate and that the fuel expenses claimed are for official business use only. All attached receipts are genuine and have not been reimbursed previously.

Employee Signature:

Sign or type your name here

Date:

YYYY-MM-DD

Important Notes

- Attach original fuel receipts to this declaration form when submitting.
- Ensure all trip details and odometer readings are accurately filled out.
- Claims must comply with the company's vehicle use and reimbursement policies.
- False claims are subject to disciplinary action.
- Incomplete forms may result in delayed or rejected reimbursement.