

Fuel Reimbursement Statement

Employee Name

John Doe

Employee ID

EMP-00421

Department

Logistics

Statement Period

01 May 2024 - 31 May 2024

Submission Date

05 June 2024

Trip & Fuel Details

Date	From	To	Distance (km)	Fuel Cost	Purpose
03 May 2024	Office	Warehouse A	30	\$12.00	Material Delivery
14 May 2024	Warehouse A	Client Site	16	\$6.40	Client Meeting
24 May 2024	Office	Vendor Location	25	\$10.00	Material Pickup
Total			71	\$28.40	

Amount Claimed

\$28.40

Advance (if any)

\$0.00

Total Payable

\$28.40

Employee Signature

Date: _____

Supervisor Approval

Date: _____

Important Notes:

- This statement must be supported with original fuel receipts.
- All trips claimed should be strictly for official purposes only.
- Misstatement or false claims may lead to disciplinary action.
- Ensure supervisor approval before submission to accounts.
- Claims must be submitted within the policy timeline.