

# Company Fuel Voucher

**Voucher No:**

FV-2024-045

**Date:**

2024-06-11

**Employee Name:**

John Doe

**Department:**

Logistics

**Vehicle No:**

XYZ-1234

**Purpose:**

Official Trip

## Fuel Details

#	Fuel Type	Quantity (Liters)	Price per Liter	Total Amount	Filling Station	Date of Issue
1	Diesel	40	1.30	52.00	GreenFuel Station	2024-06-11

**Requested By:**

John Doe

**Approved By:**

Jane Smith

**Received By:**

John Doe

### Important Notes:

- This voucher must be authorized by the concerned department head before usage.
- Attach all relevant fuel receipts with this document for audit purposes.
- Ensure that the vehicle number and details are correct before submission.
- Duplicate vouchers are not permitted; one voucher per transaction only.
- Any misuse of fuel vouchers may result in disciplinary action.