

# Fuel Expense Claim Document

Employee Name

Enter name

Employee ID

Enter ID

Department

Enter department

Date

## Trip & Fuel Details

Date	From	To	Purpose	Vehicle No.	Odometer Start	Odometer End	KMs Travelled	Fuel Liters	Fuel Rate	Amount
<input type="text"/>	<input type="text"/> Star	<input type="text"/>	<input type="text"/> Purpose	<input type="text"/> Vehicle	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>										

## Attachments

Receipt(s) attached:

List/describe receipts

Claimant Signature

---

Date:

Supervisor/Approver

---

Date:

## Important Notes

- All claims must be supported by original fuel receipts.
- Ensure all fields and trip details are accurately completed.
- Submit the claim within the stipulated time as per company policy.
- Any false information may lead to disciplinary action.

- Supervisor approval is mandatory prior to processing the claim.