

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
<div></div>	<div>Start</div>	<div></div>	<div>Purpose</div>	<div>Vehicle</div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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Total										<div></div>

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.