

Fuel Allowance Claim Form

Name: _____

Employee ID: _____

Department: _____

Designation: _____

Claim Month: _____

Trip Details

Date	From	To	Purpose	Distance (km)	Fuel Rate (per km)	Amount Claimed
____ / ____ / ____	_____	_____	_____	_____	_____	_____
____ / ____ / ____	_____	_____	_____	_____	_____	_____
Total Amount Claimed: _____						_____

Declaration

I hereby declare that the above information is true and correct to the best of my knowledge; and that I have not claimed these expenses previously.

Employee Signature

Date: _____

Approving Authority

Date: _____

Important Notes

- Attach original fuel receipts or supporting documents where applicable.
- Claims must be submitted within the stipulated deadline as per company policy.
- False claims may result in disciplinary action including recovery of excess payment.
- Ensure all details are filled accurately to avoid delays in reimbursement.
- Incomplete forms will not be processed.