

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
<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"/>
Total Amount Claimed:						<input type="text"/>

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.