

# Fuel Expense Voucher

Voucher No.

Date

Department

Vehicle No.

Employee Name

Designation

Project / Purpose

S/N	Date	Petrol Pump / Vendor	Receipt / Bill No.	Quantity (Litres)	Rate per Litre	Total Amount

## Total Amount Claimed:

Requested By  
(Employee Signature)

Checked By

Approved By

## Important Notes:

- Attach all original fuel receipts or bills with this voucher.
- Ensure the claimed amount matches the receipts provided.
- Voucher must be duly filled and signed before submission.
- Any incomplete information may delay reimbursement.
- Subject to company fuel expense and reimbursement policies.