

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 |
|-----|------|----------------------|--------------------|-------------------|----------------|--------------|
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| | | | | | | |

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.