

Fuel Receipt Reimbursement Form

Date of Purchase

Employee Name Enter full name

Department Enter department

Vehicle (Description/Plate No.) Enter vehicle details

Fuel Station Name Enter fuel station name

Total Amount Paid

Total Liters Purchased

Describe the purpose

Purpose of Trip

Receipt Attached Yes / No

Employee Signature Sign or type name

Manager Approval Sign or type name

Important Notes:

- Attach the original fuel receipt to this form for reimbursement processing.
- Ensure all fields are filled out clearly and accurately.
- Incomplete forms or missing receipts may delay or prevent reimbursement.
- Form must be approved by the relevant manager or department head.
- This form is for official use only; personal fuel expenses are not eligible.