

Fuel Reimbursement Form

Employee Name

Department

Employee ID

Period

Submission Date

Fuel Expense Details

Date	Trip Description	From-To	Odometer Start	Odometer End	Miles/Kilometers
<input type="text"/>	<input type="text" value="Purpose"/>	<input type="text" value="From - To"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="Purpose"/>	<input type="text" value="From - To"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes / Remarks

Employee Signature / Date

Supervisor Approval / Date

Accounts Dept. Approval / Date

Important Notes:

- Original fuel receipts or digital copies must be attached for reimbursement eligibility.
- Please ensure all details are accurate and complete before submission.
- Form must be approved by the designated supervisor and finance/HR representative.
- Submit within the specified period as per company reimbursement policy.
- Any fraudulent claims may result in disciplinary action.