

Fuel Reimbursement Form

Employee Name

Full Name

Department

Department

Employee ID

ID Number

Period

MM/DD/YYYY - MM/DD/YYYY

Submission Date

Fuel Expense Details

Date	Trip Description	From-To	Odometer Start	Odometer End	Miles/Kilometers
	Purpose	From - To			
	Purpose	From - To			

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.