

BUSINESS TRAVEL EV CHARGING EXPENSE CLAIM

Electric Vehicle Charging Reimbursement Form

Claim No: _____

Date: _____

EMPLOYEE & VEHICLE INFORMATION

Employee Name:

Vehicle Make & Model:

Department:

License Plate No:

Employee ID:

Battery Capacity (kWh):

CHARGING SESSION DETAILS

DATE	CHARGING STATION / LOCATION	NETWORK/PROVIDER	ENERGY (KWH)	UNIT COST	OTHER FEES (IDLE/PARK)	TOTAL COST	RECEIPT ATTACHED

Total Energy (kWh)	
Total Charging Cost	
Total Ancillary Fees	

Grand Total Claimed	
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Employee Signature

Date: _____

Authorized Approver Signature

Date: _____