

BUSINESS VEHICLE FUEL REIMBURSEMENT FORM

Expense Claim Template

EMPLOYEE & VEHICLE INFORMATION

EMPLOYEE NAME

DEPARTMENT / COST CENTER

VEHICLE MAKE & MODEL

LICENSE PLATE NO.

FUEL TYPE (GAS/DIESEL/ELECTRIC)

FUEL PURCHASE LOGS

DATE	ODOMETER START	ODOMETER END	TOTAL MILES/KM	FUEL QTY (GAL/L)	UNIT PRICE	TOTAL COST	BUSINESS PURPOSE / ROUTE

Total Distance

Total Fuel Quantity

Total Reimbursement Claim

Employee Signature / Date

Manager Approval Signature / Date