

CAR NAVIGATION & GPS DEVICE REIMBURSEMENT FORM

Vehicle GPS and Navigation Expense Template

EMPLOYEE DETAILS

Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Job Title:	<input type="text"/>
Manager/Supervisor:	<input type="text"/>	Email Address:	<input type="text"/>

VEHICLE DETAILS

Vehicle Make & Model:	<input type="text"/>	License Plate Number:	<input type="text"/>
Primary Usage:	<input type="text"/>		

DEVICE & PURCHASE INFORMATION

Item Description (Brand / Model Name)	Serial / IMEI Number	Date of Purchase	Total Cost (Inc. Tax)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Reimbursement Claim:			<input type="text"/>

BUSINESS JUSTIFICATION

Requirements for Reimbursement:

- Attach original itemized store receipts or invoice proof of purchase.
- Ensure the serial number or unique device identifier is listed on the invoice.
- Prior managerial approval must be documented if purchase exceeds company standard limits.

EMPLOYEE SIGNATURE

MANAGER SIGNATURE

FINANCE APPROVAL

DATE

DATE

DATE