

MONTHLY FUEL EXPENSE REPORT

Vehicle Fuel Tracking & Reimbursement Sheet

Employee Name:
Month / Year:
Department:
Vehicle License Plate:
Vehicle Make / Model:
Fuel Type (Gas/Diesel):

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|----------------------|
| TOTAL DISTANCE |
| TOTAL FUEL QTY |
| AVERAGE PRICE / UNIT |
| TOTAL FUEL COST |

| DATE | ODOMETER START | ODOMETER END | DISTANCE | FUEL QTY (L/GAL) | UNIT COST | TOTAL COST | RECEIPT ATTACHED |
|-------------------------|----------------|--------------|----------|------------------|-----------|------------|------------------|
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| Total / Summary: | | | | | | | |

Driver Signature

Date:

Manager / Approver Signature

Date:
