

ANNUAL VEHICLE LICENSING EXPENSE CLAIM FORM

Vehicle Registration & Licensing Reimbursement

CLAIMANT INFORMATION

EMPLOYEE NAME

DEPARTMENT / COST CENTER

EMPLOYEE ID

JOB TITLE

DATE OF SUBMISSION

VEHICLE DETAILS

VEHICLE MAKE & MODEL

YEAR OF MANUFACTURE

LICENSE PLATE NUMBER

VEHICLE IDENTIFICATION NUMBER (VIN)

REGISTERED OWNER

EXPENSE DETAILS

TRANSACTION DATE	DESCRIPTION (REGISTRATION FEE, LICENSE RENEWAL, PLATE FEE, ETC.)	RECEIPT ATTACHED (Y/N)	AMOUNT
Total Claim Amount			

AUTHORIZATION & APPROVALS

CLAIMANT SIGNATURE

DATE

MANAGER / APPROVER SIGNATURE

DATE