ROADSIDE ASSISTANCE

Expense Report Template

Employee Name		**Report Date**	
Department		**Vehicle Plate #**	
Vehicle Make/Model		**Odometer Reading**	

TYPE OF SERVICE RENDERED

- ☐ Towing
- ☐ Tire Change
- ☐ Battery Jumpstart
- ☐ Fuel/Fluid Delivery
- ☐ Lockout Service
- ☐ Winching/Extraction
- ☐ Mechanical Repairs
- ☐ Other

EXPENSE BREAKDOWN

DATE	SERVICE PROVIDER / LOCATION	DESCRIPTION OF SERVICE / ITEMS PURCHASED	RECEIPT / INVOICE #	AMOUNT
			Total Expense Amount	

INCIDENT DETAILS & NOTES

Driver / Claimant Signature

Date: _____

Manager / Approver Signature

Date: _____