VEHICLE CLEANING EXPENSE REPORT

Company Car Detailing & Maintenance Record

Report No: _____

Date: _____

Employee Name:

Vehicle Make/Model:

Department:

License Plate No:

Employee ID:

Odometer Reading:

DATE	SERVICE PROVIDER	SERVICES RENDERED (E.G., WASH, VACUUM, WAX)	RECEIPT	AMOUNT

Subtotal: _____

Tax: _____

Total Claimed: _____

EMPLOYEE SIGNATURE & DATE

AUTHORIZED APPROVER & DATE