



DATE / TIME	VEHICLE ID	DRIVER NAME	LOCATION / CHARGER ID	START SOC (%)	END SOC (%)	ENERGY (KWH)	RATE (\$/KWH)	TOTAL SESSION COST

**Subtotal:** \_\_\_\_\_

**Idle Fees / Penalties:** \_\_\_\_\_

**Taxes / VAT:** \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

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**Authorized Fleet Representative**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Charging Station Administrator**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Terms & Notes:**

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