VEHICLE INSURANCE PREMIUM PAYMENT LEDGER

Expense Record & Premium Tracking Template

VEHICLE INFORMATION

Vehicle Make / Model:

Model Year:

License Plate No:

VIN (Vehicle ID No):

Department / Cost Center:

POLICY & PROVIDER INFORMATION

Insurance Company:

Policy Number:

Policy Effective Date:

Policy Expiration Date:

Coverage Type:

PREMIUM PAYMENT HISTORY LEDGER

DUE DATE	DATE PAID	INVOICE / RECEIPT #	PREMIUM AMOUNT	TAXES / FEES	TOTAL PAID	PAYMENT METHOD	REMARKS / NOTES

Total Premiums Paid:	
Total Fees / Taxes:	
Cumulative Total:	

PREPARED BY (NAME & SIGNATURE)

APPROVED BY (NAME & SIGNATURE)

DATE