

AUTOMOBILE LICENSE & REGISTRATION

Reimbursement Request Form

EMPLOYEE INFORMATION

EMPLOYEE NAME _____

EMPLOYEE ID _____

DEPARTMENT _____

DATE OF REQUEST _____

VEHICLE INFORMATION

YEAR/ MAKE/ MODEL _____

LICENSE PLATE NUMBER _____

VIN (VEHICLE ID NUMBER) _____

EXPENSE DETAILS

DATE	DESCRIPTION OF FEE (REGISTRATION, LICENSE, EMISSION, ETC.)	RECEIPT NO.	AMOUNT

TOTAL REIMBURSEMENT CLAIMED:

EMPLOYEE SIGNATURE DATE

AUTHORIZED APPROVER SIGNATURE DATE