

TOWING & ROADSIDE EXPENSE SHEET

EMPLOYEE / CLAIMANT NAME _____

DATE OF CLAIM _____

DEPARTMENT / COST CENTER _____

PHONE NUMBER _____

EMAIL ADDRESS _____

VEHICLE INFORMATION

YEAR, MAKE & MODEL _____

LICENSE PLATE NO. _____

VIN (VEHICLE ID NUMBER) _____

INCIDENT & SERVICE DETAILS

DATE & TIME OF INCIDENT _____

SERVICE PROVIDER / COMPANY _____

BREAKDOWN LOCATION (FROM) _____

TOWED / DELIVERED TO _____

REASON FOR SERVICE / DESCRIPTION OF ISSUE

EXPENSE BREAKDOWN

DESCRIPTION OF SERVICE (TOWING, LOCKOUT, FUEL, TIRE CHANGE, ETC.)	RECEIPT / INVOICE NO.	AMOUNT

Subtotal _____

Tax / Surcharges _____

Total Expense _____

CLAIMANT SIGNATURE

DATE _____

MANAGER / AUTHORIZER SIGNATURE

DATE _____