

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

SUBMISSION DATE

MAKE & MODEL

LICENSE PLATE

BUSINESS PURPOSE OF CLEANING / DETAILING

DATE _____

SERVICE PROVIDER**SERVICES RENDERED (E.G., WASH,
INTERIOR, WAX)****AMOUNT****Subtotal**

Tax

Total

Reimbursement

EMPLOYEE SIGNATURE

Signature Date

APPROVER SIGNATURE

Signature Date

