COMMERCIAL FLEET INSURANCE EXPENSE LOG

Document ID:
Date Generated:

COMPANY NAME	
POLICY NUMBER	
FLEET MANAGER	
INSURANCE PROVIDER	
REPORTING PERIOD START	
REPORTING PERIOD END	

DATE	VEHICLE ID / VIN	MAKE / MODEL / YEAR	EXPENSE CATEGORY	DESCRIPTION / COVERAGE PERIOD	REFERENCE / INVOICE #	AMOUNT

Subtotal Premiums	
Subtotal Deductibles	
Other Fees / Adjustments	

Total Fleet Expense

PREPARED BY (NAME & SIGNATURE)

APPROVED BY (NAME & SIGNATURE)