

HIGHWAY BREAKDOWN EXPENSE REPORT

DRIVER & VEHICLE INFORMATION

DRIVER NAME

EMPLOYEE ID (IF APPLICABLE)

VEHICLE MAKE / MODEL

LICENSE PLATE / VIN

INCIDENT DETAILS

DATE OF INCIDENT

TIME OF INCIDENT

BREAKDOWN LOCATION (HIGHWAY / MILE MARKER)

DESTINATION (TOWED TO)

EXPENSE ITEMIZATION

DATE	EXPENSE CATEGORY	DESCRIPTION / JUSTIFICATION	RECEIPT/INV #	AMOUNT

Subtotal	
Tax / VAT	
Total Expense	

Driver Signature & Date

Authorized Approver Signature & Date