

VEHICLE INSURANCE EXPENSE CLAIM FORM

Please complete all sections to submit your insurance claim for reimbursement.

1. CLAIMANT INFORMATION

Employee Name

Employee ID

Department

Job Title

Email Address

Phone Number

2. VEHICLE DETAILS

Vehicle Make & Model

Year

License Plate Number

Vehicle Identification Number (VIN)

3. INSURANCE POLICY & EXPENSE DETAILS

Insurance Provider

Policy Number

Policy Start Date

Policy End Date

Expense Description / Coverage Details	Invoice / Receipt Date	Amount Paid
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Expense Description / Coverage Details	Invoice / Receipt Date	Amount Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Claim Amount:		<input type="text"/>

Business Purpose / Reason for Claim

4. AUTHORIZATION & SIGNATURES

Claimant Signature

Date

Manager / Approver Signature

Date