**[Your Company Letterhead]**

**Employee Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Employee ID: |  | Department: |  |
| Job Title: |  | Contact Number & Email: |  |

**Claim Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Claim Period: | From: |  | | To: | |  |
| Purpose of Travel: |  | | | | | |
| Vehicle Registration Number: |  | | Total Distance Traveled: | |  | |

**Petrol Expense Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Location (From - To)** | **Distance (km)** | **Petrol Cost (Currency)** | **Receipt Attached (Yes/No)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Petrol Cost:** | | | |  |

**Supporting Documentation:** Please attach the following (if applicable):

* Original Petrol Receipts
* Travel Log

**Employee Declaration:**

|  |  |
| --- | --- |
| I hereby declare that the information provided above is accurate and that the petrol expenses claimed are related to official business purposes. | **Employee Signature:**  **Date:** |

**For Office Use Only:**

|  |  |  |
| --- | --- | --- |
| **Approved By** | **Date** | **Comments** |
|  |  |  |

**Finance Department Use Only:**

|  |  |  |
| --- | --- | --- |
| **Processed By** | **Date** | **Amount Reimbursed** |
|  |  |  |

**Terms and Conditions:**

1. All claims must be submitted within [specific time frame] of the travel date.
2. Original receipts must be attached to this claim form.
3. The company reserves the right to request additional information or reject claims that do not comply with company policy.

[Place for other text]