

EMPLOYEE FUEL SUBSIDY FORM

DATE OF CLAIM _____

CLAIM BY _____ SIGN _____

EMPLOYEE ID	EMPLOYEE NAME

DEPARTMENT	DESIGNATION	SUPERVISOR

REGULAR	OCCATIONAL	DESCRIPTION OF FUEL CONSUPTION

TOTAL KILOMETERS		DESCRIBE – DETAILS	NOS. OF PASSANGERS
FROM	TO		

VEHICLE DETAILS			
TWO – WHEELER	TREE – WHEELER	FOUR - WHEELER	DESCRIBE VEHICLE DETAILS

SUPERVISOR SIGN.	VERIFIED BY & SIGN.
------------------	---------------------