



National University
of Computer and Emerging Sciences



Fuel Reimbursement Claim Form

Employee Information

Name:				Emp ID:	
Designation:				Location:	
Department:				Request date:	
Mode (Kindly select one)	Two Wheeler		Four Wheeler		Local transport

Fuel Reimbursement Receipts

S#	Description	Amount (Rs):
1		
2		
3		
4		
		Total
Signature		Date

Accounts Office

S #	Approved Limit	Utilized	Balance	Requested
Official Name	Ehsan ul Haq	Designation		
Date		Signature		

Approver (<=50,000)

Approved		Not Approved	
Remarks			
Name	Dr Waseem Ikram	Designation	Registrar
Date		Signature	