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		Designation	
Date		Signature	

Approver (<=50,000)

Approved		Not Approved	
Remarks			
Name		Designation	
Date		Signature	