



Relyon Softech Ltd

Application for Fuel Reimbursement

Date: _____

Name of the Employee: _____

Designation: _____

Month for which claim is made: _____

Type of Vehicle: _____

Vehicle No.: _____

Total run of Vehicle: _____

Amount claimed: _____

I hereby certify that the above vehicle is owned by me and I have used my vehicle for official work to the extent of above mileage claimed.

(Signature of Employee)

(SIGNATURE OF APPROVING AUTHORITY)

Note: All the claims should be submitted within three months