

RAJIV GANDHI INSTITUTE OF PETROLEUM TECHNOLOGY RAE BARELI

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)

<u>Note:</u> All the claims should be submitted within three months.