

Commercial Truck Equipment Co (Comtruck)

Auto Expense Claim Form

Employee: _____

Date: _____ 20 ____

Period of claim from: _____ 20 ____ **To** _____ 20 ____.

Current odometer reading: _____.

Business kilometers driven during reporting period _____ **X .50 =** _____

Less all charges to Comtruck for the period _____

Net reimbursement _____

I confirm the amount claimed is true and accurate and that the particulars can be substantiated by my vehicle log as requested by Comtruck or the Canada Revenue Agency.

Signature _____

Approved _____