Plumbing - Fire Protection - Mechanical Systems

Bryant Group, Inc. Gasoline Expense Form

Employee Name: _____

Employee Number: _____

Supervisor: _____

Vehicle #			Generator	
Vehicle Type				
Date	Odometer Reading	Amount Paid	Date	Amount Paid

Total Basis for reimbursement _____

Reimburseable % _____ Amount Due to Employee _____

Amount Due to Employee _____

***Prior odometer readings will be compared to current odometer readings. Unreasonable charges will be questioned and investigated. // Serán comparadas las lecturas anteriores del odómetro con las actuales. Cargos exagerados y/o no relacionados a trabajo serán investigados.**

*False representation of gas purchases will receive disciplinary action up to termination. // Representación falsa de compra de combustible sera razón suficiente para acciones disciplinarias y hasta despido.

*No reimbursement will be paid without original receipts and supervisor signature.//No se efectuará pago de reembolsos sin los recibos originales y la firma de su supervisor.

I certify that the information stated above is true and accurate.

Certifico que la información en esta forma es correcta y verdadera.

Signature//Firma _____

Supervisor//Supervisor _____