

Reimbursement document

This form serves to reimburse cash expenditures that you have incurred as the driver of an Alphabet Company Car with full leasing in the following situation:

- Malfunction of your co-branded Alphabet fuel card

Condition for reimbursement:

- Form must be filled out completely
- Form must be submitted within 7 days after the expenditure
- Original receipt is attached
- Petrol receipts only from Shell and BP

Name of company: _____ Driver: _____

Contract number or number plate: _____ Reimbursement amount: _____

Odometer reading when fuelling: _____ Date of fuelling: _____

Reason for cash expenditure: _____

Beneficiary

Last name, first name _____

Address _____

Postal code/town _____

Tel no. in case of queries _____

Bank account

Bank name _____

IBAN no. _____

Clearing number _____

Name of superior/person responsible for fleet: _____ Initials of superior/person responsible for fleet: _____

Place / date: _____ Company stamp _____