Pol Recoupment/Adjustment (to fill by Concern Driver)

Vehicle No…….. **Date:**

Date	S/M no	BoD Branch	HSD (Ltrs)	Others	Amount

1	**Beginning KM**	
2	**End KM**	
3	**Total KM run (2-1)**	
4	**HSD Drawn during the month**	
5	**Previous tank balance**	
6	**Total HSD drawn for the month (4+5)**	
7	**Present tank balance**	
8	**Total fuel used (6-7)**	
9	**Consumption Km (3/8)**	**Km/ltrs**

Note: Consumption rate justified, recoupment for Nu. .....may kindly be approved.

Signature of Driver……

Verified by MTO/Division Head……

Head of Finance Division…….

Approved by Executive Secretary……