

# Maintenance Reimbursement Form



division of  
**Fleet  
Operations**

Please note: All preventable maintenance reimbursement requests will be charged a \$12.00 service fee

## Vehicle Information

Vehicle #: _____	License Plate: _____
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## Employee Information

Name: _____	Address: _____
Office Phone: _____	_____
Cell Phone: _____	City, State, Zip: _____

## Purchase Information

Date: _____
Vehicle Mileage: _____
Vendor Name: _____
Vendor Address: _____
_____
City, State, Zip: _____
Purchase Amount: _____
Invoice Number: _____

Explanation of Purchase: _____
_____
_____
_____
_____
_____
_____
Why wasn't the Vehicle Services Center used?
_____
_____
_____
_____
_____

## Signatures

Employee: _____
Supervisor: _____
Date: _____

In order to receive a reimbursement, please mail or email this completed form, with the original receipt and appropriate signatures, to the following address.

**Non-Fuel Reimbursement**  
Division of Fleet Operations  
Attn: Dan Black  
danielblack@utah.gov  
P.O. Box 141117  
Salt Lake City, UT 84114-1117

### For Office Use Only

Work Order Number: \_\_\_\_\_

\$12.00 Service Fee charge:  Yes  No



4315 S. 2700 W. • Taylorsville, Utah 84129  
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