

# Local Conveyance Reimbursement Claim Form

Employee Name:

Enter your name

Employee ID:

Enter employee ID

Department:

Department

Designation:

Designation

Claim Month:

MM/YYYY

Date of Submission:

DD/MM/YYYY

## Conveyance Claim Details

Date	From	To	Purpose	Mode of Transport	Distance (km)	Amount (₹)	Remarks
DD/MM/Y	From	To	Purpose	Auto ▾	km	Amount	Remarks
				Auto ▾			
Total Amount							

Bank Account No.

Bank Account Number

IFSC Code

IFSC

Declaration:

I hereby declare that the above expenses have been actually incurred by me for official purposes and have not been exaggerated.

Employee's Signature

Signature

Date

DD/MM/YYYY

Supervisor's Approval

Signature / Name

Date

DD/MM/YYYY

### **Important Notes:**

- Claims must be accompanied by valid bills and supporting documents wherever applicable.
- All claims should be submitted within the stipulated time as per company policy.
- Ensure correctness and authenticity of the details provided.
- Claims are subject to approval by the immediate supervisor/manager.
- Falsification or duplicate claims may result in disciplinary action.