

Company Policy-Compliant Conveyance Statement

Date: _____

Employee Name: _____

Employee ID: _____

Department: _____

Designation: _____

Conveyance Details

| Date of Travel | From | To | Mode of Transport | Purpose | Amount Claimed |
|----------------|------|----|-------------------|---------|----------------|
| | | | | | |
| | | | | | |

Total Amount (in words): _____

Declaration

I hereby declare that the information and claims provided above are accurate, complete, and in accordance with the company's conveyance reimbursement policy. I have not claimed for any personal or unauthorized expenses.

Employee Signature

Manager / Approver Signature

Important Notes

- Only claims compliant with the company's conveyance policy will be processed.
- All entries must be supported by original receipts or travel documents if required.
- Falsification of information may result in disciplinary action as per company policy.
- Ensure to fill in all required fields before submission.