

# 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.