

Digital Submission Format for Conveyance Reimbursement

Name: _____

Employee ID: _____

Department: _____

Date of Submission: _____

Reimbursement Claim Details

Date	From	To	Mode of Transport	Distance (km)	Amount (₹)	Remarks
____/____/____	_____	_____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____	_____	_____
Total Reimbursable Amount:						_____

Supporting Documents

Attach digital copies of tickets, bills, and other supporting documents.

Employee Signature

Date: _____

Approver's Signature

Date: _____

Important Notes

- This digital format must be filled accurately with all details for each journey.
- Supporting digital documents should be clear and legible.
- Ensure the claim is submitted within the allowed time-frame as per company policy.
- Falsification of information may lead to disciplinary action.
- Approver must verify details before approving the claim.