

# Employee Conveyance Reimbursement Claim Statement

## Employee Details

Name of Employee	_____	Employee Code	_____
Designation	_____	Department	_____
Month & Year	_____	Date of Claim	_____

## Conveyance Details

Date	From	To	Purpose	Mode of Transport	Kms/Distance	Amount (â‚¹)	Remarks
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Total Amount Claimed:						_____	

## Declaration

I hereby declare that the above particulars furnished by me are true and correct to the best of my knowledge and the expenses claimed have actually been incurred by me, solely for official purposes.

Employee's Signature:

\_\_\_\_\_  
Date: \_\_\_\_\_  
Manager/Approver Signature:

\_\_\_\_\_  
Date: \_\_\_\_\_

## Important Notes:

- All claims should be supported with original bills/receipts where applicable.
- Falsification of information may result in disciplinary action.
- This form must be duly signed and approved by the reporting manager.
- Claims should be submitted within the policy timeline for prompt reimbursement.
- Conveyance must strictly be for official and work-related purposes only.