

Conveyance Reimbursement Statement

Personal Details

Name	John Doe
Employee ID	EMP12345
Department	Sales
Designation	Senior Sales Executive
Month & Year	June 2024

Conveyance Details

Date	From	To	Purpose	Mode of Transport	Distance (km)	Amount (â‚,')
03-06-2024	Office	Client A	Meeting	Taxi	12	300
11-06-2024	Office	Client B	Presentation	Auto	7	150
20-06-2024	Client B	Office	Return	Taxi	7	200
25-06-2024	Office	Vendor	Supplies Pickup	Bus	5	50
Total						â‚,700

Declaration

I hereby declare that the above expenses were incurred by me for official purposes, and I have not claimed these expenses previously. All supporting bills and receipts are attached for verification.

Employee's Signature
Date:

Supervisor's Approval
Date:

Important Notes

- Ensure all supporting bills, tickets, or receipts are attached with the statement.
- Claims must be made within the specified timeframe as per company policy.
- Falsification of expenses may lead to disciplinary action.
- Statement should be duly signed by the employee and approved by the reporting authority.
- Incomplete or inaccurate details may delay reimbursement processing.