

Itemized Statement for Conveyance Expenses

Name: _____
Designation: _____
Department: _____
Period: From _____ To _____
Date of Submission: _____

Date	Purpose/Details of Travel	From	To	Mode of Transport	Distance (km)	Fare/Amount	Remarks
2024-06-01	Client Meeting	Office	Client HQ	Taxi	15	â,1350	-
2024-06-02	Site Visit	Home	Project Site	Bus	9	â,160	-
Total						â,1410	

Prepared By:

Date: _____
Approved By:

Date: _____

Important Notes:

- All expenses must be supported with valid receipts wherever applicable.
- Fares claimed should not exceed the organizationâ€™s approved rates and transportation policies.
- This statement is subject to verification by the accounts/finance department.
- False claims will lead to disciplinary action as per company policy.
- Submit this form within the specified period for timely reimbursement.