

# Conveyance Reimbursement Statement

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

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Period of Claim: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Details of Conveyance Expenses

Date	From	To	Mode of Transport	Purpose	Amount Claimed
__/__/__	_____	_____	_____	_____	_____
__/__/__	_____	_____	_____	_____	_____
Total Amount Claimed					_____

I hereby certify that the above expenses have been incurred by me for official purposes and none of them have been claimed previously.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Manager / Approver Signature

## Important Notes

- Attach all supporting bills and receipts along with this statement.
- Ensure all entries are duly filled and accurate.
- Claims without valid supporting documents may be rejected.
- This statement must be submitted within the stipulated timeline as per company policy.