

# Conveyance Allowance Reimbursement Form

Employee Name	_____
Employee ID	_____
Department	_____
Designation	_____
Month & Year	_____
Contact Number	_____

## Details of Claim

Date	From	To	Purpose	Mode of Transport	Distance (km)	Amount (â‚¹)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Total Amount						_____

## Declaration

I hereby certify that the above information is true and the claim is in accordance with the company policy. I have not claimed this expense previously.

Employee Signature	_____
Date	_____

## For Office Use Only

Approved By	_____
Designation	_____
Date	_____
Remarks	_____

## Important Notes:

- Attach all relevant supporting documents (e.g., bills, travel tickets) with this form.
- Ensure information is complete and accurate to avoid delays in processing.
- Claims must comply with the company's conveyance policy.
- The form must be submitted within the stipulated time frame per company guidelines.
- Approval from authorized person is mandatory before disbursement.