

Conveyance Allowance Reimbursement Form

Employee Name	<hr/>
Employee ID	<hr/>
Department	<hr/>
Designation	<hr/>
Month & Year	<hr/>
Contact Number	<hr/>

Details of Claim

Date	From	To	Purpose	Mode of Transport	Distance (km)	Amount (₹ ¹)
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total Amount						<hr/>

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	<hr/>
Date	<hr/>

For Office Use Only

Approved By	<hr/>
Designation	<hr/>
Date	<hr/>
Remarks	<hr/>

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.