

Conveyance Allowance Reimbursement Summary Sheet

Employee Name: Priya Narang
Employee ID: A12345
Department: Sales & Marketing
Designation: Sales Executive
Period: June 2024
Location: Mumbai

Conveyance Details

Date	From	To	Distance (km)	Mode of Transport	Purpose	Amount (₹)	Remarks
03-06-2024	Office	Client Site A	12	Auto	Client Meeting	190	-
07-06-2024	Client Site B	Office	10	Taxi	Product Demo	230	-
14-06-2024	Office	Client Site C	8	Auto	Service Visit	150	-
21-06-2024	Client Site C	Home	11	Taxi	After Hours Work	250	-
25-06-2024	Home	Office	7	Auto	Morning Commute	110	-
Total						930	

Certification

I hereby certify that the above details are correct and the expenses have been incurred genuinely for official purposes.

Employee Signature: _____

Date: _____

Important Notes

- All claims must be supported by valid bills or receipts as per company policy.
- Personal travel expenses are not reimbursable.
- Submission should be done within the stipulated timeline after the end of the reimbursement period.
- Incorrect or fraudulent claims may result in disciplinary action.
- Ensure that all entries are filled completely and accurately before submission.