

Conveyance Reimbursement Declaration and Certification Form

Name of Employee:

Employee ID:

Department:

Designation:

Month & Year of Claim:

Details of Conveyance

Declaration:

I hereby declare that the above details are true and correct to the best of my knowledge. I also certify that the above expenses were incurred by me solely for official purposes and have not been claimed previously from the company or any other source.

Date

Signature of Employee

Approver's Signature

Important Notes:

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- All claims must be supported by relevant bills, receipts, and other documentation as per company policy.
- Claims should pertain strictly to official work; personal expenses are not reimbursable.
- Submission of false or duplicate claims may result in disciplinary action.
- The form must be signed and submitted to the approving authority within the stipulated timelines.
- Retain a copy of the submitted form and supporting documents for your records.