

# Conveyance Reimbursement Declaration and Certification Form

Name of Employee:

Employee ID:

Department:

Designation:

Month & Year of Claim:

## Details of Conveyance

Date	From	To	Mode of Transport	Purpose	Amount (â‚‚)	Remarks
Total						

**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:**

- 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.