

# Departmental Conveyance Reimbursement Claim

## Employee Details

Name	_____	Employee ID	_____
Department	_____	Designation	_____
Date of Application	_____	Month/Year of Claim	_____

## Conveyance Claim Details

Date	From	To	Purpose	Mode of Transport	Distance (km)	Amount (₹)	Remarks
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Total Amount Claimed (₹) _____							

## Declaration by Employee

I hereby certify that the above journeys were undertaken by me for official work and that the claims made are correct to the best of my knowledge. I have not claimed these expenses elsewhere.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## For Office Use

Checked By	_____	Date	_____
Approved By	_____	Date	_____
Remarks	_____		

## Important Notes

- Attach all relevant supporting documents, such as tickets, receipts, or travel logs.
- Claims should be submitted within the stipulated period as per company policy.
- False claims may result in disciplinary action.
- Incomplete forms may delay the processing of the reimbursement.
- Ensure all entries are legible and verified by the concerned authority.