

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 (â‚¹)	Remarks
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Total Amount Claimed (â‚¹)							_____

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	_____
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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.