

Monthly Conveyance Allowance Claim Form

Employee Name:

John Doe

Employee ID:

EMP123456

Department:

Finance

Designation:

Accounts Officer

Month & Year:

June 2024

Location:

Head Office

Conveyance Claim Details

Date	From	To	Purpose	Mode of Transport	Distance (km)	Amount (â‚¹)	Remarks
01-06-2024	Office	Client Site A	Meeting	Auto	12	180	-
04-06-2024	Office	Bank	Bank Transaction	Taxi	6	120	-
13-06-2024	Home	Office	Official Work	Bus	8	40	-
Total Claim Amount (â‚¹)						340	

Employee Signature

Date: ____ / ____ / ____

Sanctioning Authority

Date: ____ / ____ / ____

Important Notes:

- Attach all original receipts or supporting documents for each claim entry.
- Claims must be submitted within the first week of the following month.
- Incomplete forms or insufficient supporting documents may delay reimbursement.
- Ensure the claim adheres to the organization's travel and conveyance policy.
- Falsification of claim details may result in disciplinary action.