

Office Conveyance Allowance Reimbursement Statement

Name: _____
Employee ID: _____
Designation: _____
Department: _____
Claim Period: _____

Claim Details

Date	From	To	Mode of Transport	Purpose	Distance (km)	Amount (â‚¹)
Total Amount (â‚¹)						

Declaration

I hereby declare that the above details are true and correct to the best of my knowledge and that the expenses claimed have been incurred by me for official purposes only.

Employee Signature

Date: _____

Supervisor/Department Head

Date: _____

Important Notes

- All claims must be supported by relevant receipts or travel proof, if applicable.
- Forms with incomplete or incorrect information may be delayed or rejected.
- Claims should be submitted within the stipulated time frame as per company policy.
- Official journeys only are eligible for reimbursement; personal travel is not covered.
- Please retain copies of this document and supporting bills for future reference.