Ref: Info/HR/28	**Local Conveyance Claim Form**	INFONET A Dataful Life

Emp. No		Designation		Claim for the Month (period) :
Emp. Name		Mode of Travel		
Grade		Location		

Petrol Claim Summary

S No	Date of travel	From Place	To Place	No of km	Purpose	Remark
Total no of Km					Claim Amount: Rs.	/-

Employee Signature		Date of Submission :

Reporting Manager	**Accounts Dept**
Remark : Approved / Rejected /Hold	Verified & Approved by
Signature with date	Signature with date