

**Pure Chemicals Group**

**Local Conveyance Claim Form - TWO WHEELERS**

Name of the Employee	Reventil. K.G	Date of Claim	06/04/2019
Emp. ID		Vehicle No.	IN 05 BK 8008
Designation	Pod: Section	Vehicle Owned By	Company — Employee ✓
Branch (OR) Location	Chennai - hub		

S.No	Date of Visit	Customer / Bank / Vendor / Govt. Office / Warehouse Name	Purpose of Visit	Starting Details		Ending Details		Total KMs
				KM Reading	Place	KM Reading	Place	
1	1/4		Head office - to - che-hub					30
2	2/4		to - to che-hub					30
3	4/4		to - to - che-hub					30
4	5/4		che-hub - to to					30
5	6/5		to - to - che-hub					30
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Remarks :	Total KMs	150
	Rate Per KM	2.5
	Total Amount	375

Employee Signature	Verified By Immediate Superior Name	Approved By Branch Manager / HOD Name	Issued By Commercial / Accounts Incharge Name
<i>[Signature]</i>			
	Signature	Signature	Signature
Date	Date	Date	Date