

Pure Chemicals Group								
Local Conveyance Claim Form - TWO WHEELERS								
Name of the Employee						Date of Claim		
Emp. ID						Vehicle No.		
Designation						Vehicle Owned By	Company	
Branch (OR) Location							Employee	
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								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
Remarks :							Total KMs	
							Rate Per KM	
							Total Amount	
Employee Signature	Verified By	Approved By				Issued By		
	Immediate Superior Name	Branch Manager / HOD Name				Commercial / Accounts Incharge Name		
	Signature	Signature				Signature		
Date	Date	Date				Date		