

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	
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		