

**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY
DESIGN AND MANUFACTURING (IIITD&M) KANCHEEPURAM
IIT Madras Campus, Chennai-600036**

Local Conveyance Claim

Date: _____

Employee Name: _____ Designation _____

Grade Pay : _____ Department _____

Travel Details

Date : _____

Purpose : _____

From : _____ To: _____

Mode of Transport : _____ Kms : _____

Amount : _____

It is certified that I have undertaken journeys for official work. I have not used office vehicle for this purpose and I have not submitted any other claim in this regards.

Signature of Employee: _____

Counter Signed _____

Asst. Prof. / Suptd. _____

For the use of Accounts Departments

Total Amount Claimed: _____

Total Amount Approved: _____

Accounts Representative Signature: _____

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A) Travel Details

Date	Purpose	From	To	Mode of Transport & Kms	Amount	Remarks

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Signature of Employee:

Approving Authority's Name and Signature:

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Total Amount Claimed: _____

Total Amount Approved: _____

Accounts Representative Signature:

Date

Purpose

From To

Mode of Transport

Kms

Amount