



VIDYASAGAR INSTITUTE OF MANAGEMENT

CONVEYANCE CLAIM FOR OFFICIAL WORK

Date: _____

I went to office duty as detailed below

S.No.	Date	Place Visited		Purpose	Distance KM	Amount (Rs.)
		From	To			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Rs.					TOTAL	

Name: _____
 Designation : _____

Passed for Payment

 Authorised Signatory

Checked & Verified
