



CLAIM FOR REIMBURSEMENT OF TELEPHONE / MOBILE/BROAD BANDEXPENSES

Name of the Applicant: _____ Designation: _____

Department/Section: _____ Employee Code : _____

Following bills are submitted for reimbursement:

S.No.	Period	Mobile/ Landline No.	Claim Amount (Rs)
1			
2			
3			
4			
5			

Further, declared that:

- i) The telephone number mentioned above, in respect of which reimbursement is claimed is owned by me.
- ii) The bills for which reimbursement is being claimed have actually been paid by me and has not/will not be claimed from any other source. All original self certified receipts /bills are attached.

Date: _____

Signature : _____

Encl : As above

(FOR FINANCE OFFICE USE)

1. Amount claimedRs _____

2. Amount admissible for reimbursementRs _____

DA/SO

AR/DR Finance Officer

Note: Telephone/ mobile / broad band bills will be reimbursed as per admisibility/entitlement limits of the concerned employee and as per prevailing rules from time to time.