

CLAIM FORM FOR TELEPHONE REIMBURSEMENT

NAME:	DESIGNATION:
DEPARTMENT:	EMPLOYEE NO:
ACCOUNT NO:	BANK:

To,
The Financial Controller,
I.I.Sc.,
Bangalore – 560 012

Kindly arrange to reimburse Telephone charges of Rs. _____ for the period from _____ to _____ details given below. The amount may be credited to my bank account.

Landline Telephone No.			Mobile Phone No.	
Month	Billed Amount		Total	Claimed Amount (Max. Rs. 750/500* p.m.)
	Landline	Mobile		
Total-Telephone Charges (A)				
Broadband Charges:				(Max. Rs. 250 p.m.)
Total-Broadband (B)				
Grand Total (A+B)				
<p>* Applicable where Centrex line without 0 facility has been provided at residence.</p> <ol style="list-style-type: none"> 1. Certified that I have been/have not been provided with Centrex Line at my residence. 2. Certified that the above telephones are in my name. 3. Certified that I have incurred the above expenditure towards telephone charges during the period mentioned above. Also certified that only the excess over Rs. 750/- p.m. in respect of Telephone charges will be claimed for reimbursement from other sources. 4. Reimbursement will be made once in 4 months on certification in prescribed proforma (October to January, February to May and June to September) 				
Date:			Signature	

