REIMBURSEMENT OF TELEPHONE BILLS

Name

Date

Employee ID No

Land line No

Designation

Mobile No

Pay Level

Data Card/ Broad Band

Department

Were you absent /on training/ leave for an entire calender month, with details :

☐ **January to June 20_____** **(OR)** ☐ **July To December 20_____**

(Kindly Tick (✔) the box (only one option to be ticked))

SL.No.	Service Provider	Invoice Date/Bill Date/receipt/payment date	Month	From	To	Amount

I further declare that

i) The above landline, mobile, data card/ broadband bills are in my name and that these were used for official purpose only.

ii) **The amount for which reimbursement is being claimed has been actually been paid by me and has not been claimed earlier.**

Sign & Seal: