***TELEPHONE EXPENSES REIMBURSEMENT CLAIM FORM FOR THE F.Y. 2014-15***

|  |  |
| --- | --- |
| ***Employee Name*** |  |
| ***Date of Joining*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***I Number*** |  | ***Extension*** |  |

I here by request you to reimburse the telephone expense claim for the month/s of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The details of the telephone used by me to claim the reimbursement are as given below.

|  |  |
| --- | --- |
| Telephone Number |  |
| Postpaid |  |
| Amount |  |
| Name & relation of the Subscriber:  (if the employee is not the subscriber) |  |

***Employee Declaration:***

I here by declare that, I am in possession of the above Telephone Subscription and used by me for official purpose also. All charges pertaining to this Telephone are wholly incurred by me and no usage or claim is and will be made by the original Subscriber (if different from the employee).

I also declare that no claim has been made by me what so ever from the company for the above reimbursement.

***Date: Signature of the Employee***

P.S. – Supporting to be attached

1. 1. Original Telephone Bill
   * 1. 2. Proof of Payment