***SAP LABS India Private Limited (Only)***

***TELEPHONE EXPENSES REIMBURSEMENT CLAIM FORM***

**FBP claim Ref No (Mandatory):**

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

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

I hereby 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.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mobile (only postpaid) | Land Line | Internet |
| Amount |  |  |  |
| Name & Relation of Subscriber:  (if employee is not subscribed) |  |  |  |

***Employee Declaration:***

I hereby 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.

**I declare this information updated in Claim Exemption Tool to consider this claim in my monthly payroll.**

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

P.S. – Supporting to be attached

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