

CLAIM FORM FOR TELEPHONE REIMBURSEMENT

NAME:			DESIGNATION:		
DEPARTMENT:			EMPLOYEE ID:		
ACCOUNT NO:			BANK:		
To, The Financial Co Kindly as my bank accoun	rrange to reimburse	e Telephone char	ges of ils giv	Rsen below. The a	for the period from mount may be credited to
T 11° 70°	L NT.			M. I. H. Di.	NT.
Landline Telephone No.			••••		
Month	Billed	Billed Amount		Total	Claimed Amount
	Landline	Mobile			
	Danume	Widdle			
		Total-Te	elepho	one Charges(A)	
Broadband Cha	arges:				
			То	tal-Broadband ((R)
				Grand Total (A+	` <i>'</i>
2. Certified	that the above telepthat I have incurred entioned above.		name).	one charges during the
Date:					Sionature