

Employee Name :

Employee Number :

TELEPHONE ALLOWANCE

Number of Bills Attached : _____

S.No	Bill Number	Date	Period/Month	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				

Grand Total

I hereby state that the above information/documents submitted are true & correct.

Signature of the employee