

BITS, PILANI- K. K. BIRLA GOA CAMPUS

Date_____

Declaration for reimbursement of telephone/mobile phone expenses (incurred for professional work)
through Contingency Grant

I declare that I have used my mobile phone No._____ for institute work and I may be
permitted to claim reimbursement of following expenses incurred by me:

Month**Amount**

1.

2.

3.

Total Amount

I request you to kindly reimburse the above mentioned amount.

Signature_____**Name**_____**GPSRN**_____**BITS, PILANI- K. K. BIRLA GOA CAMPUS**

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