



PGBRK



REMB49947068W261087

Capgemini India Pvt Ltd

Employee ID	47068	Employee Name	Kamalakar Macharla	Date Of Joining	30/10/2012
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For Voucher No : W261087

09-10-2015
11:50

Pay Components	Annual Plan	YTD Eligibility	YTD Claimed	Claims Under Process	Available Till Date	Current Claims
Vehicle Reimbursement lesser than 1.6 CC	21600.00	16200.00	5900.00	0.00	0.00	15700.00
Telephone Reimbursements	36000.00	36000.00	13200.00	0.00	8240.00	14560.00
Medical Reimbursements	15000.00	15000.00	9230.00	0.00	0.00	5770.00
Driver	10800.00	8100.00	3600.00	0.00	0.00	7200.00

Your claim will be processed in 1st Cycle of October 2015 subject to receipts/submission of your bills

No Of Supporting Documents : 4

HR Work Ways

Cappgemini India Pvt Ltd
Telephone Reimbursement Claim Form

Employee Code	47068	Employee Name	Kamalakar Macharia
Joining Date	30-Oct-2012	Position	CONSULTANT

Landline		Address stated on bill:	
Bill date	Bill amount	Claim (max. 80% of bill amount)	
Total:	0.00		0.00

Voucher No : W261087

Cell phone		Address stated on bill:	
Telephone Number:	9867904907	B-306, Triveni Gardence, Adharwadi chowk, kalyan-w	
Bill date	Bill amount	Claim (max. 80% of bill amount)	
08/07/2015 - 02/10/2015	18200.00		14560.00
Total:	18200.00		14560.00

Total amount claimed (land-line + cellphone)	18200.00	14560.00
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DECLARATION:

I hereby declare that I am making claims as per the Company policy in this regard. I am submitting photocopies of bills along with my claim and would retain the originals and produce the same as and when required.


 Signature

NOTE: In case of change of residence please give written intimation to HR-Payroll of change in phone number for which such reimbursements may be claimed.

Capgemini India Pvt Ltd
Car Fuel Reimbursements Claim Form
Financial Year 2015-2015

Employee Code	47068	Employee Name	Kamalakar Macharia
Joining Date	30-Oct-2012	Location	MUMBAI III
Position	CONSULTANT		

Voucher No : W261087

FUEL1 Details :

Sl. No	Bill Date	Bill Number	Amount
1	02/09/2015	8246	15700.00
Total Expenses Claimed in Rs :			15700.00

I certified that the above expenses were incurred by me for self/ and dependents and all bills/receipts are genuine. If any of the above information/expenses/bills/receipts (claims) are found to be false, then, I am aware that the company could initiate strict disciplinary action against me as part of the company's business code of conduct. I also indemnify the company against all losses incase of any discrepancies in my claims.

Signature of Employee :

Date : 09/10/2015

Note :

1. The Employee can claim Expenses for only **"ONE"** vehicle under Car FUEL Expense head.
2. The Vehicle must be in the name of the employee only for which the Car FUEL Expenses are being claimed.
3. All Employees who claim the Car FUEL1 Expenses should have the Vehicle in the place of work.
4. All claims must be supported by a copy of the RC book as proof for ownership of Driver Salary and Fuel

Capgemini India Pvt Ltd
Medical Reimbursement Claim Form
Financial Year 2015-2015

Employee Code	47068	Employee Name	Kamalakar Macharla
Joining Date	30-Oct-2012	Location	MUMBAI III
Position	CONSULTANT		

Voucher No : W261087

Sl. No	Bill No	Bill Date	Name of Patient	Relationship of the Patient with the Employee	Amount(Rs.)
1	8697	07-Sep-2015	kamalakar macharla	Self	9230.00
Total :					9230.00

Declaration

I hereby certify that the above claims have been incurred by me. I certify that the above particulars are true and correct to the best of my knowledge and understanding.

Signature of Employee :

Date : 09/10/2015

Capgemini India Pvt Ltd
Driver Salary Reimbursement Claim Form
Financial Year 2015-2015

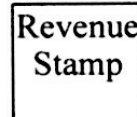
Employee Code	47068	Employee Name	Kamalakar Macharla
Joining Date	30-Oct-2012	Location	MUMBAI III
Position	CONSULTANT		

Voucher No : W261087

Sl. No	Driver Name	Salary for the Month	Amount Paid in Rs.
1	sudhakar	September 2015	7200.00
Total :			7200.00

Driving Assistance and Receipt Format

I SUDHAKAR (Driver's Name), received a sum of
Rs. 7,200/- towards driving assistance from Mr.Kamalakar Macharla, for the Month of
September, 2015.



Date :

Driver's Signature

Sudhakar

Note :

1. The Employee can claim Driving Assistance Expenses for only "**ONE**" vehicle under Driving Assistance Expenses head.
2. The Vehicle must be in the name of the employee only for which the Driving Assistance Expenses is being claimed.
3. All Employees who claim the Driving Assistance Expenses should have the Driving Assistance Person (Driver) in the place of work.
4. Driver signature should be obtained in the format above and to be submitted along with the claim ID form.
5. All claims must be supported by a copy of the RC book as proof for ownership of Driver Salary and Fuel