INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

Telephone Reimbursement Claim Form

Bill period : _____to_____

Name of the Claimant : _____

Deptt./ Section/ Centre : _____

Employee No. : _____

Position held for reimbursement purpose : _____

Telephone/ Mobile No(s) : _____

Details:

Sl No.	Month	Bill Period	Current bill amount/ this bill period charge	Remarks
1				
2				
3				
		Total Rs.		

In words: Rupees _____

*Incase of pre paid voucher, the date of voucher will be considered for billing against the concerned month.

Signature:

Date :

For use in F&A Section

Total amount claimed Rs._____   **Admissible Amount Rs.**_____

Checked by: _____

Signature of Head, F&A Section: _____