**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_