

# Office Utility Reimbursement Statement

**Statement No.:** UT-2024-008  
**Date:** 2024-06-25  
**Employee Name:** Sarah Johnson  
**Employee ID:** SJ1024  
**Department:** Finance  
**Designation:** Senior Analyst  
**Month/Period:** May 2024  
**Office Location:** 5th Floor, Building A

## Utility Expenses Claimed

No.	Utility Type	Billing Period	Invoice No.	Amount (USD)	Remarks
1	Electricity	2024-05-01 to 2024-05-31	EL-56238	125.60	
2	Water	2024-05-01 to 2024-05-31	WT-91347	34.80	
3	Internet	2024-05-01 to 2024-05-31	IN-20481	55.20	High-speed plan
Total				215.60	

## Bank Account Details

Bank Name	First National Bank	Account No.	XXXX-3456
Account Holder	Sarah Johnson	IFSC/SWIFT	FNB123456

## Approval & Declaration

I hereby declare that the above details are correct. The claimed amounts pertain solely to official usage and are supported by valid bills/invoices.

Employee Signature

Date: \_\_\_\_\_

Verified by (Manager)

Date: \_\_\_\_\_

## Important Notes

- Ensure all utility bills are attached with this statement for processing.
- Claims must be submitted within the policy period specified by HR.
- Incomplete forms or missing documents may delay reimbursement.
- Personal utility expenses are not eligible for office reimbursement.