

# Employee Mobile Bill Claim Sheet

Employee Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Department: \_\_\_\_\_  
Claim Period: \_\_\_\_\_  
Date of Submission: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_

## Mobile Bill Details

S. No.	Month	Bill Date	Mobile Number	Bill Amount (â‚¹)	Claimed Amount (â‚¹)	Remarks
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
Total				_____	_____	

Purpose of Bill Usage: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature  
Date: \_\_\_\_\_  
\_\_\_\_\_  
Approver's Signature  
Date: \_\_\_\_\_

## Important Notes

- Attach original copies of mobile bill(s) for the claim period.
- Claimed amount should not exceed company limits.
- Ensure the bill is in the employee's or company's name as per policy.
- Incomplete or delayed submissions may result in claim rejection.
- False claims may lead to disciplinary action.