

# 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 (₹)	Claimed Amount (₹)	Remarks
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
<b>Total</b>				_____	_____	

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.