

Official Mobile Bill Reimbursement Submission

Employee Name: _____
Employee ID: _____
Department: _____
Designation: _____
Contact Number: _____
Billing Period: _____
Date of Submission: _____

Bill Details

S. No.	Mobile Number	Bill Month	Bill Amount (â,¹)	Claimed Amount (â,¹)	Attachment
1	_____	_____	_____	_____	Yes / No

Total Amount Claimed (â,¹): _____

Remarks (if any): _____

Employee Signature: _____ Date: _____

Approver Section

Approved Amount (â,¹): _____

Approver Name & Signature: _____

Date: _____

Important Notes

- Attach a copy of the original mobile bill for the billing period.
- Claims should be submitted within the defined timeline as per company policy.
- Only official usage as per company guidelines is eligible for reimbursement.
- Incomplete forms or missing attachments may lead to rejection or delay in processing.