

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 (₹)	Claimed Amount (₹)	Attachment
1	_____	_____	_____	_____	Yes / No

Total Amount Claimed (₹): _____

Remarks (if any): _____

Employee Signature: _____ Date: _____

Approver Section

Approved Amount (₹): _____

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.