

# Standard Expense Sheet

## Mobile Bill Reimbursement

Employee Name: John Doe  
Employee ID: EMP123456  
Department: Sales  
Designation: Sales Executive  
Period Covered: 01-June-2024 to 30-June-2024  
Date of Claim: 05-July-2024

### Mobile Bill Details

Date	Mobile Number	Service Provider	Bill Amount	Claimed Amount	Remarks
01-06-2024	+1 234 567 8901	XYZ Telecom	\$60.00	\$50.00	Within company limits
Total Claimed Amount				\$50.00	

Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Manager Approval: \_\_\_\_\_

### Important Notes

- Attach a copy of the latest mobile bill for verification.
- Only official business-related expenses are eligible for reimbursement.
- Claimed amount should not exceed the allowed company limit.
- Ensure all fields are duly filled and signed before submission.
- Incomplete documents may lead to rejection or delay of reimbursement.