

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.