

Utility Bill Reimbursement Claim

Employee Details

Name	[Employee Name]
Employee ID	[Employee ID]
Designation	[Designation]
Department	[Department]

Bill Details

Utility Type	Bill Month	Bill Number	Amount (₹)	Bill Date	Remarks
[Electricity/Water/Internet/...]	[MM/YYYY]	[Bill No.]	[Amount]	[DD/MM/YYYY]	[Remarks/NA]
[]	[]	[]	[]	[]	[]
Total			[Total Amount]		

Account Details for Reimbursement

Account Holder Name	[Name]
Bank Name	[Bank Name]
Account Number	[Account No.]
IFSC Code	[IFSC]

Employee Signature

Date: _____

Authorized Signatory

Date: _____

Important Notes

- Attach original scanned copies of the utility bills with this claim.
- Ensure all bill details and account information are accurate to avoid reimbursement delays.
- Claims submitted after the prescribed time frame may not be processed.
- Reimbursement is subject to approval and prevailing company policies.
- Any discrepancy may lead to claim rejection or request for clarification.