

Detailed Itemized Phone Bill Reimbursement Application

Date of Submission: 2024-06-14

Applicant Details

Name:
Designation:
Contact Number:

Alex Johnson
Sales Executive
+1 234 567 8900

Department:
Employee ID:
Email:

Sales
EMP1243
alex.johnson@company.com

Billing Details

Billing Month:
Mobile Number:

May 2024
+1 234 567 8900

Mobile Service Provider:
Bill Number:

XYZ Telecom
MB123456789

Itemized Bill Summary

Date	Time	Called/Received Number	Type	Duration (min)	Business Purpose	Amount (\$)
2024-05-04	10:15 AM	+1 345 678 9101	Outgoing	12	Client follow-up	3.00
2024-05-08	02:25 PM	+1 543 210 9876	Incoming	9	Project update	2.25
2024-05-11	04:45 PM	+1 654 321 0912	Outgoing	15	Supplier coordination	3.75
2024-05-22	01:30 PM	+1 789 012 3456	Outgoing	7	Internal briefing	1.75
Total Amount Claimed (\$)						10.75

Declaration

I hereby declare that the above information is true and the expenses claimed are related to official business purposes only as per company policy.

Applicant's Signature: _____ Date: _____

Important Notes:

- Attach original or scanned copy of the phone bill along with this application.
- Ensure all claimed calls/messages are related to official business.
- Incomplete or falsified information may result in rejection of the claim.
- Check company policy for maximum monthly reimbursement limits.
- The application must be submitted within the stipulated time after the billing cycle ends.