

# Digital Phone Bill Reimbursement Submission

## Employee Details

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Reimbursement Details

Billing Month: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bill Amount (â‚¹): \_\_\_\_\_

Amount Claimed (â‚¹): \_\_\_\_\_

## Bill Summary

Description	Period	Amount (â‚¹)	Remarks
Monthly Rental	_____	_____	_____
Data Charges	_____	_____	_____
Other Charges	_____	_____	_____

## Attachments

Upload Bill Copy: \_\_\_\_\_

Other Supporting Documents: \_\_\_\_\_

## Declaration

I hereby declare that the above information is true and correct. I confirm that the expenses claimed are for official purposes only and have not been claimed earlier.

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

## Important Notes

- All claims must be accompanied by a valid, itemized bill and proof of payment.
- Bill must pertain to official usage only; personal expenses are not reimbursable.
- The claim period should match the billing cycle and company policy.
- Incomplete submissions may result in delay or rejection of reimbursement.
- Ensure all supporting documents are clear and legible.

