

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.

