

Phone Bill Reimbursement Statement

Employee Name:

Employee ID:

Department:

Designation:

Contact Number:

Statement Month:

Bill Details

| Date | Phone Number | Provider | Bill Amount (â‚¹) | Paid Amount (â‚¹) |
|----------------------|--|--|----------------------|----------------------|
| <input type="text"/> | <input type="text" value="e.g. 98XXXXXX90"/> | <input type="text" value="e.g. Airtel"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total Amount Claimed (â‚¹):

Purpose / Description:

Describe the business purpose for using phone...

Employee Signature:

Date:

- Important Notes:
- Attach original/legible copies of monthly phone bills and payment proofs.
 - Claims should strictly relate to official/business usage only.
 - Reimbursement claim is subject to company policy limits and approval.
 - Submission after the cut-off date may not be processed.
 - Falsification or misrepresentation may result in disciplinary action.