

Phone Bill Reimbursement Statement

Employee Name:	<input type="text" value="Enter name"/>
Employee ID:	<input type="text" value="Enter Employee ID"/>
Department:	<input type="text" value="Enter Department"/>
Designation:	<input type="text" value="Enter Designation"/>
Contact Number:	<input type="text" value="Enter Phone Number"/>
Statement Month:	<input type="text" value="Month & Year"/>

Bill Details

Date	Phone Number	Provider	Bill Amount (₹)	Paid Amount (₹)
<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 (₹):

Purpose / Description:

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.