

# Employee Phone Bill Reimbursement Declaration

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

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

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

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

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

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

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

Bill Period: \_\_\_\_\_

Bill Amount: \_\_\_\_\_

Amount Claimed: \_\_\_\_\_

I hereby declare that the above-mentioned phone bill is for official purposes and the amount claimed is for reimbursement as per company policy. I confirm that the attached bill is genuine, and I have not claimed reimbursement for this bill previously from the company or any other source.

\_\_\_\_\_  
Signature of Employee  
(Please sign above)

## Important Notes:

- Attach a copy of the original phone bill with this declaration.
- Claims without valid supporting documents may not be processed.
- Any false declaration may lead to disciplinary action.
- This form is for official use and must comply with company policies.
- Check the maximum reimbursement limit applicable for your grade/designation.