

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.