

# Monthly Phone Bill Expense Reimbursement Application

## Employee Information

Name		Employee ID	
Department		Designation	
Contact Number		Email	

## Reimbursement Details

Bill Month		Service Provider	
Bill Number		Bill Date	
Total Amount (â‚¹)		Amount Claimed (â‚¹)	

## Purpose/Remarks

Mention purpose of official usage or any remarks

## Attachment(s)

- Copy of phone bill
- Payment receipt
- Other supporting documents (if any)

## Declaration

I hereby declare that the above expense was incurred for official purposes and has not been claimed previously.

Date:		Signature of Employee:	
Name:		Approval (HOD/Manager):	

## Important Notes

- Attach all required supporting documents for processing the reimbursement.
- Form must be signed and approved by the reporting authority.
- Ensure that the bill pertains to the stated claim period only.
- Claims must comply with the company's expense policy.
- Incomplete or incorrect applications may result in delays or rejections.