

Official Company Phone Bill Reimbursement Request

Employee Name:

Employee ID:

Department:

Designation:

Contact Number:

Period of Bill:

Network Provider:

Bill Details

Description	Amount (INR)	Remarks
Monthly Plan Charges		
Extra Usage (if any)		
Internet/Data Pack		
Other Charges		
Total Claimed		

Attached Documents:
Phone Bill Copy, Payment Receipt

Purpose of Official Usage:

Employee Signature

Date

Manager's Approval

Important Notes:

- Original phone bill and payment proof must be attached with the request.
- Only official usage will be considered for reimbursement, subject to company policy.
- Claims must be submitted within the stipulated time frame mentioned in company guidelines.
- Falsification of any information may result in disciplinary action.
- Ensure all details are filled correctly before submission.