

# Phone Bill Reimbursement Application

<b>Employee Name:</b>	Enter name
<b>Employee ID:</b>	Enter ID
<b>Department:</b>	Department
<b>Designation:</b>	Designation
<b>Contact Number:</b>	Contact Number
<b>Claim Month:</b>	MM/YYYY

## Claim Details

Date	Phone Number	Bill Amount (₹)	Claimed Amount (₹)	Remarks
DD/MM/YYYY	Phone Number	0.00	0.00	Remarks
<b>Total</b>		0.00	0.00	

## Attachment Checklist

- Signed Reimbursement Application form
- Original/Scanned Copy of Monthly Phone Bill
- Proof of Payment (Bank Statement or Payment Receipt)
- Approval from Supervisor/Manager (if required)

## Declaration

I hereby declare that the information and bills provided above are true and valid to the best of my knowledge. I have not claimed reimbursement for this bill previously.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MM/YYYY

## Important Notes:

- Ensure all supporting documents are attached for timely processing.
- Incomplete or illegible forms may lead to rejection or delay.
- Claims should be submitted within the stipulated period as per company policy.
- Claimed amount must not exceed company-approved limits.
- Keep a photocopy/scanned record of all documents for your reference.