

Phone Bill Reimbursement Application

Employee Name:

Enter name

Employee ID:

Enter ID

Department:

Department

Designation:

Designation

Contact Number:

Contact Number

Claim Month:

MM/YYYY

Claim Details

Date	Phone Number	Bill Amount (â‚¹)	Claimed Amount (â‚¹)	Remarks
DD/MM/YYYY	Phone Number	0.00	0.00	Remarks
Total		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.