

Phone Bill Reimbursement Application

Employee Name

Enter full name

Employee ID

Enter employee ID

Department

Enter department

Reimbursement Period

e.g., Jan 2024

Mobile Number

Enter phone number

Designation

Enter designation

Claim Details

Description	Bill Period	Amount Claimed	Remarks
Monthly Mobile Bill	e.g., Jan 1-31, 2024	e.g., \$45.00	optional
Other Charges	optional	optional	optional

Total Amount Claimed

e.g., \$45.00

Attachment(s): Bill Copy, Payment Proof, etc.

List attached documents

Purpose/Business Justification

Explain the official purpose for phone usage

Date:

DD/MM/YYYY

Employee Signature

Date:

DD/MM/YYYY

Approver Signature

Important Notes

- This form should be accompanied by relevant bill copies and payment receipts.
- Ensure the claim amount is within your company's reimbursement policy limits.
- All fields must be filled in accurately to avoid delays in processing.
- Any falsification or omission of information may lead to disciplinary actions.
- Approver's signature is mandatory for claim approval.