

# 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

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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.