## CLAIM FORM FOR TELEPHONE REIMBURSEMENT

NAME: DEPARMENT:		DESIGNATION: EMPLOYEE NO:		
fromaccount.	to,	details given belo	w. The amount	, for the period may be credited to my bank
Landline Telepho	ne No	Mo	bile Phone No.	
Month	Billed Amount Landline Mobile		Total	Claimed Amount (Max. Rs.750/550* p.m.)
				(**-street-e-e-e-e-e-e-e-e-e-e-e-e-e-e-e-e-e-
•	·	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	Total-Telephor	ne Charges(A)	
Broadband Charges	:			(Max. Rs.250 p.m.)
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			
		Total-Bi	roadband(B)	
*Annlie	hle where Control is	Grand T	otal (A +B)	
<ol> <li>Certified that</li> <li>Certified that</li> <li>Certified that period mentic</li> </ol>	Thave been/have not the above telephones I have incurred the a oned above. Also cert arges will be claimed	t been provided w s are in my name. bove expenditure ified that only the	ith Centrex Line towards telepho	e at my residence.
<b>::</b>			Signat	ure .