

**APPLICATION FORM FOR CLAIMING REIMBURSEMENT OF TELEPHONE EXPENSES**

Name of the Employee:	:	
Designation :	:	
Employee ID :	:	
Department :	:	
Pay Level	:	

Kindly arrange to reimburse Telephone charges as detailed below.

Land Line No.		Mobile No.		Internet Connection No.		Total Rs.
Period of Use	Service Provider	Bill Amount (Inc. all taxes)				
		Land Line	Mobile	Broad Band		
<b>Total :</b>						

**Declaration:**

1. Certified that the above connections are in my name.
2. Certified that the above connections are used by me for Office Purpose - as Mobile Services or as Internet Services.
3. Certified that I have incurred the above expenditure towards telephone charges during the period mentioned above.

Date :

**Employee Signature**

**(For Office Use only)**

**Verified by AAO/AO**

Approved and forwarded to Finance for reimbursement as stated above.

**(CAO/Director)**

**SAO/CFA**