

Performa for Reimbursement of Telephone Bill

1. Name of the Officer: _____
2. Designation: _____
3. Period of claim: _____
4. Extra Duties Assigned: _____
5. Monthly telephone reimbursement admissible: _____
6. Verified for Rs. _____

Certified that I have not claimed fixed mobile allowance in the salary for the above period.

Signature of Claimant

Verified by
SO/ACF&A

Telephone Bills of:

Employee ID:

Designation:

Extra Moral Duty:

Dept:

Account Number:

Month	Type of Service	Connection No.	Billing Period	Bill Amount	Admissible Reimbursement	Passed for Rs.	Total	Sign A/I Telephones	Sign J O/I Telephones	Sign O/I Telephones
	Mobile									
	Landline									
	Broadband									
	Mobile									
	Landline									
	Broadband									
	Mobile									
	Landline									
	Broadband									
	Mobile									
	Landline									
	Broadband									
	Mobile									
	Landline									
	Broadband									

Signature of Claimant: