

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: