**CLAIM FOR REIMBURSEMENT OF RESIDENTIAL TELEPHONE/ MOBILE/ BROADBAND/ MOBILE DATA CHARGES**

1. Name of the Claimant :

2. Designation & EC :

3. Details of **previous** Claim : From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_

3. Period of the **present** Claim : From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_

4. Leave availed/ training undergone

 If any, during the period :

5. Details of amount claimed

|  |  |  |
| --- | --- | --- |
| **Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Internet/ Broadband No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Sl** | **Month** | **Telephone Charges** | **Mobile Charges** | **Broadband/ Internet Charges** | **Total** | **Amount claimed as per eligibility**  |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| **Total Amount claimed** |  |

1. This is to certify that the above expenditure is incurred towards Mobile/ Telephone/ Broadband/ Mobile Data charges. The stated amount is not claimed so far.

2. Certified that the above telephone/ mobile/ Broadband is/are on my name.

3. All relevant bills/ vouchers/ proof of payment, are duly verified and attached.

Date: Signature of the Claimant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommended & Forwarded**.

 Registrar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**: (i) Reimbursement is made bi-monthly on certification in prescribed proforma i.e. in April (for the bills of February and March), June (for April and May), August (for June and July), October (for August and September), December (for October and November) and in February (for December and January).

(ii) The claim must be submitted in Accounts Section on or before 10th of respective month.