



भारतीय प्रौद्योगिकी संस्थान रोपड़

INDIAN INSTITUTE OF TECHNOLOGY ROPAR

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CLAIM FORM FOR REIMBURSEMENT OF TELEPHONE EXPENSES

NAME:

DESIGNATION WITH PAY LEVEL:

DEPARTMENT:

EMPLOYEE CODE:

Kindly arrange to reimburse the Telephone expenses of Rs.....
(Rupees.....) as per details given below. The amount may be credited to my bank account.

Mobile Phone No / Telephone Landline No. _____				
Billing Period	B. No. / Date	Billed Amount		Total
		Landline	Mobile	
Total Amount				

1. Certified that I have not been on leave for a **complete calendar month** for the above period for which claim is submitted.
If on leave for a complete calendar month, **specify the duration of Leave**: From to

2. Certified that the above telephone(s) is/are in my name.

3. Certified that I have / will not claim / claim the reimbursement of telephone expenses against above telephone(s) from any other source and have not claimed previously.

4. For reimbursement of Postpaid mobile connection, **DETAILED BILL with payment details required to be enclosed with this form.**

Date: _____ Signature _____

For use by Accounts

Entered on page No. _____ Sr. No. _____. Passed for payment for Rs. _____ (Rupees _____).

Jr. Acctt.

JAO

AR

DR

Registrar