CLAIM FORM FOR TELEPHONE REIMBURSEMENT

NAME:					DESIGNATION:			
DEPARTMENT: AEROSPACE ENGINEERING					EMPLOYEE NO. :			
						BANK A/C NO.		
					СВ	or SBI		
	e Financial Con Sc., Bangalore		2					
	Kindly arra	ange to re	eimburse Tele	phone ch	harge	es of Rs	For the period from.	
	to		_details given	below. T	he a	mount may b	be credited to my bank account.	
Lan	Landline Telephone NoMobile Phone No							
Month			Billed Amount Total				Claimed Amount	
	Month		Landline	Mobile		IUlai	(Max. Rs. 750/550* p.m.)	
				<u> </u>				
				 				
		1	Total -	- Telephor	ne C	harges (A)		
Broadband Charges: (Max. Rs. 250 p.m.)								
	Total-Broadband (B)							
	Grand Total (A+B)							
	* Applicable w	here Centr	rex line withou	ıt 0 facility	/ has	been provid	ded at residence.	
1.	Certified that I have been/have not been provided with Centrex Line at my residence.							
2.	Certified that the above telephones are in my name.							
3.	Certified that I have incurred the above expenditure towards telephone charges during the period mentioned above. Also certified that only the excess over Rs. 750/- p.m. in r/o Telephone charges with be claimed for reimbursement from other sources.							
	Date :						Signature	

AE/CVR