

## Form No.36

## REIMBURSEMENT OF TELEPHONE / MOBILE BILL

1	Name of Employee				
2	Designation				
3	Telephone / Mobile Number				
4	Bill Details	Bill Number:_	Date	(Prepaid / Postpaid)	
		Period:	Serv	Service Provider:	
5	Amount (Rs.)				
Date	::			Signature	
		(For Of	fice Use Only)		
		, -	,,		
Che	cked & entered in Telephone Reg	ister at Page	and passed for payme	nt of Rs for the month	
of _	20				
Deal	ling Hand			Finance Officer	
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