

REIMBURSEMENT CLAIM FOR MOBILE PHONE ALLOWANCE

- Duration (Period)**
1. Name of Faculty/Officer/Employee
 2. Designation
 3. Employee ID
 4. Bank Account No.
 5. Pay Level
 6. Office/Section (Place of Posting)
 7. Phone No.

Detail of Expenditure on Mobile phone Allowance:

Sl. No.	Month	Bill No. & Date	Amount.
	January		
	February		
	March		
	April		
	May		
	June		
	July		
	August		
	September		
	October		
	November		
	December		
		Total	

(The bill in original is enclosed for reimbursement)

Forwarded

Signature

HOD

Undertaking

I hereby declare that the above bill/amount indicated above has not been claimed earlier for the above mention period.

Signature

.....

For Office Use

The bill is restricted for the amount of Rs..... as per office order No. PGI/DIR/RSD-208/17/1165/2019 dated 14.02.2019

(Part-A)
(Account Section)

Passed for Rs..... (Rs. in words

Asstt. Acctt.

Asstt. Accounts Officer

Finance Officer