

## Form No.32

## REIMBURSEMENT OF TELEPHONE / MOBILE BILL

1	Name of Employee			
2	Designation			
3	Telephone / Mobile Number			
4	Bill Details	Bill Number:	Date	(Prepaid / Postpaid)
		Period:	Service Provider:	
5	Amount (Rs.)			
		,		
Date:				Signature
(For Office Use Only)				
Chec	cked & entered in Telephone Regis	ster at Page	and passed for paymer	t of Rs for the month
of _	20			

**Finance Officer**