

INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR

Claim Form for Land Line / Mobile/ Internet Reimbursement
[Vide Office Order No.RDO/2948/20 dt. 17.06.2020 and orders issued subsequently]

Total Claimed Amount: Rs. _____ for the period _____

Name:	
Designation:	Department:
Grade Pay/Academic Grade Pay:	Pay Level:

Types of Service	Phone Numbers	Consumer's account number registered with service provider(if applied)
Telephone (Land Line)		
Mobile(s)		
Internet / Broadband		

Month(s)	Billed Amount(Including GST)				Total	Claimed Amount(Including GST)
	Land Line	Mobile	Broadband	Others		
April						
May						
June						
July						
August						
September						
October						
November						
December						
January						
February						
March						
Total claim amount						

Certified that (a) the above telephones/net services are registered in my name to the respective service providers (b) the bills do not include ISD call charges (c) the bills are not claimed earlier and (d) the bills enclosed for reimbursement are in original.
Encl.: _____ pages.

Date: _____ **Signature of the Claimant** _____

For Office Use

Certified that (1) necessary entries have been made at Page No. _____ Sl. No. _____ in the Telephone Bill Register and (2) sanction to incurred an expenditure amounting to Rs. _____ has been obtained from the Competent Authority vide note dated _____.

Dealing Assistant

Assistant Registrar (Accounts)

Internal Audit