



राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
NATIONAL INSTITUTE OF TECHNOLOGY DELHI

sector A-7, Institutional Area, IAMR Campus, Narela, Delhi-110040, India
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CLAIM FORM FOR REIMBURSEMENT OF TELEPHONE EXPENSES

NAME:

DESIGNATION:

DEPARTMENT:

EMPLOYEE CODE:

Kindly arrange to reimburse the Telephone expenses of _____ as per details given below. The amount may be credited to my bank account.

<u>Telephone No. Landline</u> _____		<u>Mobile Phone No.</u> _____		
Billing Period	B. No. / Date	Billed Amount		Total
		Landline	Mobile	
Total Charges				

1. Certified that I have not been provided Centrex Line (with zero facilities) at my residence.
2. Certified that the above telephone(s) is/are in my name/ spouse name.
3. Certified that I have / will not claimed / claim the reimbursement of telephone expenses against above telephone(s) from any other source.
4. For reimbursement of prepaid mobile connection, **proper numbered bill(s) in original** bearing the phone number for which re-charge coupons have been used.

Date:

Signature

For use by Accounts

Entered on page No. _____ Sr. No. _____. Passed for payment for Rs. _____
(Rupees _____).

Dealing Assistant

Supdt.

AR

DR

Director