

**NATIONAL INSTITUTE OF FASHION TECHNOLOGY,**  
**BHUBANESWAR**

**Claim form for Reimbursement of Telephone/Mobile Bills**

<b>Name of Employee</b>			
<b>Designation</b>		<b>Telephone/Mobile No.:</b>	
<b>Pay in Pay Band/Level</b>		<b>Prepaid/ Postpaid:</b>	
<b>Department / Section</b>		<b>If Prepaid Recharge via Online/ Offline</b>	
<b>Additional Responsibility if any.</b>  <b>(with Date of Joining)</b>		<b>If Offline Recharge coupon submitted (Yes/No)</b>	
<b>Period (DD/MM/YY)</b>			

Sr. No.	For the month of	Bill/Rect. No.	Bill/Rect. Date	Landline/Mobile No.
				Amount (Rs.)
<b>Grand Total=</b>				

**Declaration**

**I hereby declare that above Telephone/Mobile No. is in my name and used for official purpose. I also declare that above reimbursement is not claimed from any other sources.**

Date :

Signature of the employee