

**NATIONAL INSTITUTE OF TECHNOLOGY
KURUKSHETRA**

Format for Telephone Reimbursement

Name of Faculty/Officer				
Designation & Department				
Employee ID No.				
Pay Band & Grade Pay	M_____ Grade Pay M _____			
Reimbursement for the period				
(Please enclosed original bills & receipt)	Declared user No.	Bill No.	Date	Amount (in M)
Mobile				
Landline Telephone				
Data Card/Broadband				
Total submitted reimbursement amount	M _____			
Bank Account No.				
Name & address of Bank				

I hereby declared that the informations filled by me are correct and true to the best of my knowledge and belief. Please reimburse the amount against enclosed bills to me.

Date _____

Signature of Faculty/Officer

Through HOD/Head of Section

Office use only (For Accounts Section)

Bill Passed for M _____ (in words _____)

Chargeable Head: Telephone Reimbursement

Dealing Hand

Sr. Supdt.

DR (Acs.)