

All India Institute of Medical Sciences, Deoghar

Claim Form for Mobile/Internet Reimbursement

Name:	
Department:	Designation:

To,
The Accounts Officer,
AIIMS, Deoghar

Kindly arrange to reimburse Telephone/Mobile/Internet charges of Rs. _____ for the period from _____ to _____ details given below. The amount may be credited to my bank account.

Mobile No.

Internet/Broadband No.....

Sr. No.	Month	Billed Amount		Total	Claimed Amount (Max. Rs. 1500 p.m.)
		Mobile	Internet/Broadband		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total-Mobile/Internet Charges

1. Certified that the above telephones are used by me for Office Purpose - as Mobile Services or as Internet Services.
2. Certified that I have incurred the above expenditure towards telephone charges during the period mentioned above.

Date:

Signature

Note : Reimbursement will be made on Quarterly Basis on certification in prescribed proforma (April to June, July to September, October to December and January to March)