



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Saket Nagar, Bhopal (M.P.) – 462024

APPLICATION FORM FOR REIMBURSEMENT OF TELEPHONE / MOBILE / BROAD BAND CHARGES FOR FACULTY / OFFICERS OF AIIMS BHOPAL

(To be filled by officer claiming reimbursement)

Name						
Designation						
Department						
Account No.						
Claimed for Month of						
Telephone Nos		Bill No.	Date	Period		Amount
				From	To	
Tel.						
Mob.						
Broad Band						
GRAND TOTAL						

Admissible amount claimed for landline/ Mobile/ Broadband charges

Signature (with stamp)

PART-II
(To be filled by Administration Branch)

Bill and pay branch may please find enclosed above bills for Rs. _____ regarding reimbursement of telephone / mobile / Broadband charge submitted by Shri/Smt./Ms. _____, After scrutiny of the claim, the admissible amount comes to Rs. _____ for payment.

Certified That :

1. Necessary entries have been made at page No. _____ Sl No. _____ in the Telephone Bill Register.
2. The bills is / are in order and may be paid by pay bill Branch. Steps have been taken to ensure that double payment is not made on this account.

Bill Clerk

Passed for payment Rs. _____

(In words) Rs. _____

_____ only

D.D.O.
AIIMS BHOPAL