

Indian Maritime University-Head Quarters
Claim form for Reimbursement of Monthly Charges towards Telephone
(Landline / Mobile / Internet / Broad Band Connection)

1. Name : _____
2. Designation : _____
3. Employee Code : _____
4. Basic Pay : Rs. _____
5. Residential Address where the Facility has been provided : _____

6. Whether Broad Band / Internet Facilities are being availed : Yes / No
7. If Yes, whether Broad Band/ Internet Facilities has been provided by the Office : Yes / No
8. Telephone / Mobile / Broad Band No As applicable : _____
9. Claim Period : From _____ to _____

Sl. No.	Land Line / Mobile / Internet Broad Band Connection Number	Invoice / Bill Number	Date	Payment Receipt / Transaction reference ID Number	Payment Date	Amount Paid Rs.

10. Amount claimed : Rs. _____

Note: Please enclose the Original Bills (or) Self Attested Copies / Proper Receipts in support of your claim

Declaration

- I hereby declare that the above Telephone / Mobile / Broad Band / connection is in my name and that the information as given above is duly supported by enclosed paid bills / proper receipts with self attested.
- I hereby declare that the amount claiming for the above said month/months is/are not claimed before.

Signature: _____

Date: _____

(For Official use only)

Amount Entitled : Rs. _____

Amount claimed : Rs. _____

Amount allowed : Rs. _____

Passed for payment of Rs. _____ towards reimbursement Telephone Charges to _____ for the period / Month _____

Asst AR (A) DR (A) DR (F)/DFO FO (i/c) Registrar (i/c)