

All India Institute of Medical Sciences, Mangalagiri

Claim Form for Mobile/Internet Reimbursement

Name:	
Department:	Designation:

To,
The Accounts Officer,
AIIMS, Mangalagiri

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/Year	Billed Amount		Total	Claimed Amount
		Mobile	Internet/Broadband		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Total					

1. Certified that the above telephones are used by me for Official 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