

NATIONAL INSTITUTE OF BIOLOGICALS  
(Ministry of Health & Family Welfare)  
Noida

**TELEPHONE/BROAD BAND/MOBILE REIMBURSEMENT CLAIM FORM**

The following expenditure has been incurred and paid by me towards my residential Telephone (Land Line)/Broad Band/Mobile bills charges. Necessary Bills is enclosed herewith for reimbursement.

S.No.	Telephone/Broad Band/Mobile Nos	Period	Amount Paid( Rs)
01			
02			
03			
04			
05			
07			
08			
09			
10			
		<b>Total</b>	
		<b>Net payment</b>	

(Rupees

only)

**Certified that the above mentioned amount has been paid by me and has not been claimed earlier.**

Signature \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Date :

Note: This bill should be prepared in duplicate one for payment and the other as office copy.

**FOR OFFICIAL USE ONLY**

Entry has been made at the Page No. \_\_\_\_\_ of the relevant Register.  
Verified and claim admitted/recommended for an amount of Rs. \_\_\_\_\_ Payment may be  
through Cheque/Cash in favour of \_\_\_\_\_

Checked By

Administrative Officer