

**APPLICATION FORM FOR REIMBURSEMENT OF
TELEPHONE/MOBILE CHARGES
WBEIDC Ltd.**

- 1. Name (in block letters) :
- 2. Employee Code :
- 3. Department :
- 4. Designation :
- 5. Landline / Mobile No. :
- 6. Period/Month of Claim :
- 7. Amount Claimed (Rs) :
(Receipt / Bill enclosed)

Dated:/...../.....

Signature of the Claimant

(For the use of Administration Department)

Payment passed for Reimbursement:Rs

(Rupees.....
.....)

Signature

Countersigned by DGM (Admin).....

(For the use of Finance Department)