

**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-I)                      DR (A,L&S)                      DR (F)/DFO                      FO (i/c)                      Registrar