**APPLICATION FOR MOBILE HANDSET REIMBURSEMENT APPLICATION/ CLAIM**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee Code  |  |
| Sub-Band |  | Department |  |
| Location |  | Unit |  |
| Date of Joining |  |  |  |

Reason for Applying (Only for employees in sub-band 1B & below)

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**Signature of Approver Date**

**(Approval for employees in sub-band 1B & below)**

I request you to reimburse the cost of my mobile instrument and accessories. The original invoice for the same is attached with the claim

|  |  |  |  |
| --- | --- | --- | --- |
| S. No.  | Item | Bill Number & Bill date | Amount in Rs. |
| 1 | Mobile handset |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| Total |  |
| Eligibility |  |
| Claim Amount |  |

Please submit the details below (mandatory):

Phone Manufacturer:

Phone Model Number:

IMEI Number:

Mobile Phone Number:

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**Signature of the Employee Date**

*(Note: For employees in sub-band 1B or below it is mandatory to take approval for claiming reimbursement for mobile handset.)*