



INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI

An Institute of National Importance

(Autonomous Institution under MOE, Govt. of India &

Department of Information Technology & Electronics, Govt. of West Bengal)

TELEPHONE / INTERNET BILL REIMBURSEMENT FORM

Name :

Employee Code :

Pay Level :

Claim Month :

A. Telephone

S. No.	Phone / Mobile Number	Period /Duration (dd/mm/yyyy to dd/mm/yyyy)	Bill / Invoice No	Amount (Rs.)
1				
Total				

B. Internet

S. No.	Internet Connection ID/Number	Period /Duration (dd/mm/yyyy to dd/mm/yyyy)	Bill / Invoice No	Amount (Rs.)
1				
Total				

Total amount for reimbursement (A+B): Rs.

Enclosures: Duly signed original bills

(Signature of the Employee)

Date: