**VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY,**

**NAGPUR – 440 010**

 Date :

**Subject : Reimbursement of Telephone Charges for the Month of …………………..**

I am enclosing original Telephone Bills / original company prepaid Top-up receipt in respect of **following faculty members from this department.** All the claimants have certified that the telephone/ mobile bills are in their name.

Kindly reimburse the same as per rules.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl No.** | **Name of the faculty** | **Designation** | **AGP/ GP** | **Landline/ Mobile** | **Amount** | **Total** |
| 01 |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |
| 07 |  |  |  |  |  |  |
| 08 |  |  |  |  |  |  |

HOD/ SECTION HEAD

To,

**The J.R.( Accts)**