

**INDIAN PHARMACOPOEIA COMMISSION**  
**Ministry of Health & Family Welfare, Government of India**  
**Sector-23, Raj Nagar, Ghaziabad -201002**

**TELEPHONE/BROAD BAND REIMBURSEMENT CLAIM FORM**

The following expenditure has been incurred and paid by me towards my residential Telephone (Land line)/Broad Band bills charges. Necessary bill(s) is enclosed herewith for reimbursement.

Sl. No.	Telephone/Broad Band Nos.	Period	Amount paid
<b>Total</b>			
<b>Net paid</b>			

(Rupees \_\_\_\_\_ Only)

**Certified that the above mentioned amount has been paid by me and has not been claimed earlier.**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

**Note:** This bill should be prepared in duplicate copy also (one for payment and the other as office copy).

**FOR OFFICIAL USE ONLY**

Entry has been made at the Page No. \_\_\_\_\_ of the relevant register.

Verified and claim admitted/recommended for an amount of Rs. \_\_\_\_\_ Payment may be through Cheque/Cash in favour of \_\_\_\_\_.

Checked By:

Administrative Officer