

**TELEPHONE BILL REIMBURSEMENT
FOR THE QUARTER**

Date:

To
The Additional Director
CGHS, Kendriya Sadan
Koramangala, Bengaluru

Sir/Madam,

Find enclosed herewith the telephone bills along with receipts for reimbursement, the details for which are as follows.

Land line No:

Mobile No :

Data Card Details :

Particulars	Period	Period	Period	Period
	Month	Month	Month	Month
Landline Bill Amount				
Mobile Bill Amount				
Data Card Bill Amount				
Total				
Amount Claimed				

Total Amount Claimed

Amount in Words:

Yours faithfully

Signature :

Name :

Designation:

Wellness Centre No.:

The bills submitted by the above Medical Officer for the Quarter is in order forwarded to the Office of the Additional Director for reimbursement.

Date :

Signature :

Name :

Seal :