 **राष्ट्रीय शैक्षिक  योजना एवं प्रशासन   संस्थान**

(मानित विश्वविद्यालय)

17-बी, श्री अरविन्द मार्ग, नई दिल्ली- 110016

**National Institute of Educational Planning and Administration**

(Deemed-to-be-University)

17-B, Sri Aurobindo Marg, New Delhi-110016

**राष्ट्रीय शैक्षिक  योजना एवं प्रशासन   संस्थान**

(मानित विश्वविद्यालय

**राष्ट्रीय शैक्षिक  योजना एवं प्रशासन   संस्थान**

(मानित विश्वविद्यालय

**राष्ट्रीय शैक्षिक  योजना एवं प्रशासन   संस्थान**

(मानित विश्वविद्यालय

**राष्ट्रीय शैक्षिक  योजना एवं प्रशासन   संस्थान**

(मानित विश्वविद्यालय

**राष्ट्रीय शैक्षिक  योजना एवं प्रशासन   संस्थान**

(मानित विश्वविद्यालय)

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**राष्ट्रीय शैक्षिक  योजना एवं प्रशासन   संस्थान**

(मानित वि

**FORM FOR REIMBURSMENT OF TELEPHONE CHARGES**

|  |  |
| --- | --- |
| Name of the Officer |   |
| Designation |   |
| Period of reimbursement |   |
| Entitlement |  : ₹ 4,200/-, ₹ 2,700, ₹ 2,250, ₹1,200/- (excl. taxes) |

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Month** *I* **Year** | **Amount (in** ₹**)** | **Amount****Reimbursable (in** ₹**)****(For Office use)** |
| **Landline Bill** | **Mobile Bill** | **Internet/ Other** | **Total** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

Month: For billing period between 1st to 15th date of any month, the month/ cycle shall be same. Month: For billing period between 16th to 30th/31st date of any month, separate form to be submitted for each quarter.

**(Signature with date)**

**(PART A** - **To be filled by Internal Audit/Accounts section)**

Total Amount Claimed: Amount Payable: \_\_ The sanction of Rs. \_(Rupees

 only) may kindly be accorded for payment.

Necessary entry has been made in the Telephone Register at Page No. ­­­­­­­­­­­­­­­­­­­­­­­­ \_ ,maintained by F&A Section.