

INDIAN STATISTICAL INSTITUTE  
203 BARRACKPORE TRUNK ROAD  
KOLKATA 700 108

OFFICE ORDER NO. D.O./20968 DATED 19 JULY 2013

Guidelines for claiming Reimbursement of the Telephone expenses

The faculty members and officials of the Institute who are entitled for Telephone reimbursement as per Office Order Nos. D.O./20935 dated 4<sup>th</sup> July, 2013 & D.O./20950 dated 10<sup>th</sup> July, 2013 are requested to submit their total claim (for the landline/mobile/data card etc.) combinedly for a particular month within 15<sup>th</sup> of the succeeding month in the enclosed Proforma to the PABX unit of the Institute. The PABX unit after processing those bills will send to Accounts for reimbursement through their monthly salary bill. The claim should be supported by all original relevant documents/bills/vouchers etc. Those Faculty members/ officials, making payment though online/ECS or cheque are requested to provide self declaration certificate that *"the payment has been made through ....."* on the face of the bill.

The pre-paid mobile/data card users are requested to switch over their scheme from pre-paid to post-paid by keeping the number portability facility at the earliest. Till then the pre-paid users may submit their claim along with money receipt/bill (showing the tax portion separately).

Similar procedure may be followed in all other centres and outlying offices.

  
(Bimal K. Roy)  
Director

Enco : Proforma for Claim

Copy to: 1. All Heads of Divisions/Departments/Sections/Units etc. including all Outlying Centres/Branches/Offices of the Institute  
2. Director's Office.

# INDIAN STATISTICAL INSTITUTE

Reimbursement Claim for Telephone/Mobile/Data Card/Broad Band from the eligible Faculty members/Officials as per Office Order Nos. D.O./20935 dated 4<sup>th</sup> July, 2013 & D.O./20950 dated 10 July, 2013

CLAIM BILL FOR THE MONTH OF:							
NAME:							
DESIGNATION:							
LOCATION:							
GRADE PAY:							
RESIDENTIAL ADDRESS:							
CONNECTIVITY TYPE	SERVICE PROVIDER	NUMBER	ACCOUNT NUMBER	NET AMOUNT (Before Tax)	TAX	GROSS AMOUNT	
LAND LINE (with Broad Band)							
LAND LINE (without Broad Band)							
MOBILE							
DATA CARD							
<b>TOTAL</b>							

## DECLARATION

I, hereby declare that the statements in this application are true to the best of my knowledge and belief.

Date:

(Signature of the employee)

Roll No:

Unit: