

TELEPHONE BILL REIMBURSEMENT FORM

To

The Director
LRS Institute of TB & Respiratory Diseases
Sri Aurobindo Marg
New Delhi – 30

Sir,

I am refer to your office order No. Adm.2/98/4431 dated 28.12.1998, and enclose herewith Telephone Bill for the month of _____ amounting to Rs. _____ (Rupees _____).

Kindly reimburse the same.

Yours sincerely,

Name : _____

Designation _____

Dated : _____