



International Management Institute

APPLICATION FOR MEDICAL REIMBURSEMENT

1. Name: _____ Designation : _____
2. Basic Pay: _____
3. Name of the Patient: _____
4. Relationship with the Employee: _____
5. Name of the Doctor: _____
6. Details of Expenditure :-

Sl No.	Bill No. & Date	Amount
	Consultation fee paid	
	Total Amount	

(Rupees _____)

7. No. of Documents enclosed _____
8. Amount claim so far in the current year _____
9. Certified that above expenditure has been actually incurred by me.

Date: _____ Signature of Employee: _____

Approved

Signature