

SPECIMEN

APPLICATION FOR CLAIMING REIMBURSEMENT OF EXPENSES INCURRED FOR HEALTH CHECK-UP

From :

Name of the Staff : _____

Category : Clerk / Sub-Staff

Branch/Department : _____

Date :

To,

The Branch Manager / Departmental Head

_____ Branch / Department

_____ Zone / Head Office.

Dear Sir,

Reimbursement of expenses incurred by Award Staff members (Clerks / Sub-Staff) for Health Check-up.

I hereby submit my application for claiming reimbursement of expenses incurred by me for carrying out Health Check-up at _____ (name of the Hospital / Diagnostic Centre) on _____ (Date). The bills / receipt for the amount Rs. _____/- paid to the respective hospital / centre is enclosed.

I undertake that I have not claimed such reimbursement from any other Branch / Office herein before during the current financial year. Please reimburse me the amount as per the eligibility under the Scheme.

Yours faithfully,

(SIGNATURE)

SALARY ACCOUNT NO. : _____
AND NAME OF THE BRANCH

H.O. SALARY CODE NO. : _____
(FOR HEAD OFFICE STAFF ONLY)

DATE OF BIRTH : _____