



Medical Charges Reimbursement Bill of the Month of.....

Name of Scheme: - Medical Charges Reimbursement **Code 09/400050**

<u>Emp No</u>	Name & Designation of the Employee	Sanctioning Office	Admissible Amount	Deduct <u>if any</u>	Net Payable
.....

Forward / Countersign
HOD/ Branch Officer

Signature of claimant
(on revenue stamp)

FOR USE OF ACCOUNTS BRANCH

Budget provisions under **Code 09/400050**

Entry M.R. Page _____

Pay Rs. _____

In words _____

Dealing Hand

Dy. Supdt.

F.O

FOR USE OF AUDIT BRANCH

Passed for payment of Rs. _____

In words _____

Auditor

R.S.A.

D.D. (Audit)