229.

SHYAM LAL COLLEGE

REGISTER OF REIMBURSEMENT

Name of the Employee ______________________ Designation ______________________

S.No.	Name of the Dependent	Relationship with the employee	Age	S.No.	Name of the Dependent
1					
2					
3					
4					

S.No.	Name of the Patient	Relationship of the employee	Name of the disease	Name of the Doctor	Consultation Fees	Injection Fee	
1	2	3	4	5	6	7	8

Scanned with CamScanner

SHAHDARA, DELHI-32

OF MEDICAL CHARGES

Scale of Pay ____________________ Pay as on ____________________ Rs. ____________

Relationship with the employee	Age	S.No.	Name of the Dependent	Relationship with the employee	Age
		9			
		10			
		11			
		12			

Total	Period of Claim	Name of the Chemist	Cost of Medicines Purchased Rs. P	Pathological Charges Rs. P		Total Rs. P	Total Amount Claimed	Progressive Total Rs. P	Remarks
9	10	11	12	13	14	15	16	17	18