

APPENDIX

From,

To,

The

Kerala Water Authority

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Sir,

Sub:- Reimbursement of Medical Expenses – Regarding.

Ref:-

I enclose medical bills for the value of Rs.....(Rupees only) duly countersigned by the Medical Officer. The amount may be reimbursed early. The prescription of the Medical Officer is enclosed. I have paid a sum of Rs.....(Rupees..... only) towards consultation fee which may also be reimbursed.

Certified that the cost of medicines included in the bills enclosed has actually been incurred by me and that the medicines, have been prescribed by a Medical Consultant approved by the Corporation and have been used for the treatment of(Name & Relationship).

Certified that the Consultation fee claimed has been actually paid by me to Dr..... on (My basic salary and DA as on 31.12.20..... (December) is Rs..... (Rupees..... only respectively)

Name of Patient	Relationship with employee	Voucher No. & date with Name of Institution	Amount

Place :
Date :

Yours faithfully,

Undertaking

- I hereby certified that, I have not claimed the reimbursement to the above disease more than one system simultaneously.
- I understand that false drawl of the medical reimbursement bill invite disciplinary action against me. In any case found such an instance I shall liable to remit the amount with interest of such claim to the Authority.

Place:

Date :

Signature of employee

MEDICAL CLAIMS (For use in Office)

Voucher No:

Month:

1. Certified that the Claims are reasonable and genuine.
2. The claims are admissible under the rule.
3. The claims are rejected for the following reasons.
4. The claims may be / are / passed for Rs.....disallowing
Rs.....for the following / reasons.

Strike out what is not required.

Year :.....

1. Name and Designation of
the employee :

2. Scale of pay and salary of the
Employee as per 31st December :

3. Name and Designation of the
Authorised Medical Attendant :

4. System of Medicine :

5. Amount already drawn during
the year :

6. Details of medicines purchased :

Head of Office / Sanctioning Authority