

**Institute for Studies in Industrial Development
New Delhi**

(Claim for reimbursement of Medical Expenses)

I have spent an amount of Rs. _____ (Rupees) towards medical expenses of my family members during the month of _____).

The details of the expenses are as under:

S.No.	Particulars	Relationship of the employee	Bill No./ Receipt No.	Date	Amount (Rs.)

Certified that the above bills/memos do not include the cost of any inadmissible medicines/preparations.

Name:
Designation:
Signature

Date _____

Office Use

Bills checked and claim admissible for Rs. _____, as detailed below:

S.No.	Particulars	Amount (Rs.)
1.	Total claim limit for the year _____	10,000/-
	Less: already claimed and paid	-----
	Balance	-----
	Less: amount of current claim admitted	-----
	Balance available	-----

Payment of Rs. (Rupees) towards reimbursement of medical expenses to Shri/Smt./Ms. may kindly be approved.

(Jeet Singh)
Accounts Officer

Finance Officer

Director