

**APPLICATION FOR REIMBURSEMENT OF EXPENSES FOR
EYE CHECK -UP & SPECTACLES**

From :

Date :

Mr./Mrs
Code No.
Designation
Branch / Department:

To :

The General Manager (Per.)/ Zonal Manager
Andhra Bank
Head Office / Zonal Office

//Through Branch Manager / Chief Manager Branch/ Department//

Dear Sir,

Reg : Application for reimbursement of expenses Eye Check-up & Spectacles.

* * *

I..... Code no.....(designation)
working in BranchZone and request for reimbursement
of expenses that I have incurred towards Eye Check - up and purchase of Spectacles
under Staff Welfare Scheme.

Relative receipt/s and copy of the Prescription is submitted herewith.

I further declare that I have not claimed this expenditure earlier.

I request you to sanction reimbursement of expenses towards Eye Check - up and
purchase of Spectacles to the extent of my eligibility under Staff welfare Scheme.

I undertake to repay the amount sanctioned to me, if any information furnished by me
is found to be untrue.

Yours faithfully,

()
Name

contd.....

CERTIFICATE

We certify that Mr. / Mrs. _____ has undergone Eye Check-up.

We recommend for sanction of reimbursement of expenses towards Eye Check-up and purchase of Spectacles as per eligibility.

CHIEF MANAGER/ BRANCH MANAGER
_____ DEPT/ BRANCH.

FOR USE AT HEAD OFFICE / ZONAL OFFICE

Powers :

Application Sl. No.

Date :

Name :

Code No.:

Designation :

Department :

Amount Claimed Rs.

CHIEF MANAGER/ AGM /DGM/GM