

Application for reimbursement of expenses for General Health Checkup

From
Mr/Mrs. _____
Staff code No. _____
Designation _____
Department: _____

To

The General Manager (Per)
Andhra bank,
HEAD OFFICE.

//through Branch Manager/Chief Manager _____ branch/Department//

Dear Sir,

Re : Application for reimbursement of expenses towards
General Health checkup.

I _____ s/o _____ staff code
No. _____ designation _____ working in _____ branch _____
zone _____ do here by declare that my date of birth as per record is
_____ and I have completed forty years of age, hence I am eligible to claim for
reimbursement of expenses that I have incurred towards General Health Checkup under
staff welfare schemes.

I have undergone general Health check-up in _____ hospital/diagonastic centre on
_____ at _____ (town/city), which is approved by our Bank. I have
incurred an expenditure of Rs. _____ for my medical check-up. Relative receipt in
original is submitted here with.

I _____ code No _____ (designation) _____
working in _____ branch _____ zone _____ odo hereby declare
that my wife/husband Mrs./Mr. _____ undergone general Health
checkup in _____ hospital /diagnostic centre on _____ at
_____ town and his/her date of birth is _____. I have incurred
an amount of Rs. _____ towards General Health Checkup of my
wife/husband.

I further declare that my wife/ husband is working in _____
(organisation) and he/ she has not claimed this expenditure from their organisation.

I request you to sanction reimbursement of expenses towards Medical check-up, to the
extent of my eligibility under staff welfare schemes.

I undertake to repay the amount sanctioned to me, and disciplinary action can be taken against me, if any information furnished is found to be untrue at any stage.

I declare that my previous date of general Health Check up is _____.

Yours faithfully,

[_____]
Name:

CERTIFICATE

We certify that the employee /officer has undergone general health check-up with the approved Hospital/ Diagnostic centre.

We recommend for sanction of reimbursement of expenses towards general Health checkup as per eligibility.

CHIEF OFFICER
_____ DEPT.

FOR USE AT HEAD OFFICE

Powers:

Application S.No.

Date :

Name

Amount claimed Rs.

Code No.

Hospital/Diag.centre:

Designation:

Dept:

Chief Manager