

ANDHRABANK

From:
Mr/Mrs
Designation
Code No
Department

To:
Zonal Manager / General Manager
Personnel Department
Andhra Bank
_____ Office

A/c No. COD / SB:

Branch:

Dear Sir,

Reg: Reimbursement of Medical Aid for the year:

**I have incurred a sum of Rs. _____, (Rupees _____ only)
towards medical expenses for the year : _____.**

I request you to kindly reimburse the Medical Aid as per my eligibility.

Yours faithfully

(_____)

Recommended for sanction.

Signature of AGM / CM with seal

Sanctioned for Rs

Chief Manager / Asst. General Manager