

## Railway Estate Development & Marketing Company (Private) Limited

### Medical Expenses Reimbursement Form

Date \_\_\_\_\_

<b>Employee's Name</b> _____	<b>Designation</b> _____
<b>Department</b> _____	<b>Duty Station</b> _____
<b>Patient's Name</b> _____	<b>Relationship</b> _____
<b>Annual Limit (PKR)</b> _____	<b>Available Limit (PKR)</b> _____

Sr. #	Doctor / Hospital Name	Particulars	Prescription Attached*	Bill #	Amount (PKR)
1					
2					
3					
4					
	Discount				
	<b>Total</b>				-

#NAME?

I certify that the expenses were incurred are on the dates shown, and expenses claimed as reimbursable relates to me, my spouse, or eligible dependents. I also certify that I did not receive reimbursement from any other source(s) for the expenses claimed. In the event of an overpayment, or if payment is received from another source for any portion of the expenses claimed, I assume responsibility for repaying REDAMCO an amount equal to the amount reimbursed from other source.

**Employee Name**  
Designation

**\*\*Manager / Administration**

\* Use ✓ or ✗. Assign serial number to each medicine & mention it in this column. In case of multiple prescriptions the serial number shall continue till the last prescribed drug.

\*\* Incase of Manager(s) the claim shall be forwarded to the Manager Administration for approval & sanction. In rest of cases approval to be sought from respective supervising officer through Manager who will recommend it for sanction to Manager Administration.

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