

Railway Estate Development & Marketing Company (Private) Limited

Medical Expenses Reimbursement Form

Date _____

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

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

#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.