

NATIONAL SECURITIES DEPOSITORY LIMITED

4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel, Mumbai-400013.

MEDICAL REIMBURSEMENT FORM

Sr. No. _____

Name: AMEY SUHAS DHURI

Employee Code: A258

Designation: ASSISTANT MANAGER

Dept- SDM-3

Total No. Bills/ Receipts/ Prescription attached _ (Particulars overleaf)

Total amount for which bills submitted: Rs.

Total amount claimed Rs.

Date:



Applicant's Signature

FOR USE BY FINANCE & ACCOUNTS DEPARTMENT ONLY

a) Total eligible amount upto _____ (Date)	Rs.
b) Amount reimbursed to date (_____)	Rs.
c) Balance eligibility (a-b)	Rs.
d) Amount claimed now	Rs.
e) Amount passed for payment (c or d whichever is lower)	Rs.
f) Amount supported by proof	Rs.
g) Amount to be added to taxable salary (e-f)	Rs.

Prepared by _____

Checked by _____

Amount to be paid('e' as above) Rs. _____ Received Rs. _____

Receivers Signature _____

(Internal)

Sr. No.	In respect of (Name dependents)	Relationship	Bills/Receipt No.	Date	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28	TOTAL				

(Internal)