ALUMEX ULTIMATE IN ALUMINIUM PROFILES	**OPD EXPENCES/ SPECTACLE EXPENSES REIMBURSEMENT FORM.**	Document No : FO/HR/07/01 Revision No : 01 Issue Date : 2024-09-20 Page No : 1 of 1

Name of Employee : .....

EPF No : .....

Department : ..... Date : .....

S / No	Person went through medical treatment/purchase of spectacles	Relationship to the employee	Amount (Rs)
	Total		

(Please ensure that the original bills and prescriptions are attached for all expenses)

I declare that the above expenses are actual expenses already incurred by me and relevant to me and my close family members eligible to this benefit.

Signature of Employee : .....

ENDORSEMENT OF HEAD OF THE DEPARTMENT

....

Signature of HOD Date

Month of reimbursement for the current spectacles	

Verified by Executive - Welfare .....

APPROVAL

	Checked by (HR)	1st Approval (HR)	2nd Approval (MD)	Payment Processed with ..... salary
Name				
Signature				