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Loyalty Redemption Form

Name: _____

Employee ID: _____

Designation: _____

Location: _____

Date: _____

Loyalty Account Balance: _____

Redemption required (to a maximum of 50% of above balance): _____

Tick this box if payment required is urgent: ☐

Employee's Signature

_____ **TO BE FILLED BY ACCOUNTS DEPARTMENT** _____

Amount Approved: _____

Approved By: _____

Date of Disbursal: _____

Approver's Signature

Account Personnel's Signature