

Claim Submission Report

PR ID: PR-2025-003

Submission Date: 2025-09-22

Submitted Claims:

1. Claim ID: 68d14657bc98f03ace832bb4, Staff: DR. ABDUL RASHEED A, Amount: 450, Status: Submitted
2. Claim ID: 68d14665bc98f03ace832bb7, Staff: DR. ABDUL RASHEED A, Amount: 2000, Status: Submitted
3. Claim ID: 68d14670bc98f03ace832bba, Staff: DR. ABDUL RASHEED A, Amount: 1000, Status: Submitted
4. Claim ID: 68d14688bc98f03ace832bbf, Staff: DR. ABDUL RASHEED A, Amount: 2840, Status: Submitted