Employee Name: KARTHIK V Designation: SE

Employee No: 09 Date:

Sub: Request for approval of the following medical expenses incurred by me during the period <<01-06-2013>> to <<30-06-2013>>.

**Item Details**:

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| --- | --- | --- | --- | --- |
| Bill No | Date | Brief Description | Amount | Remarks |
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TOTAL

TOTAL (Rs in words):

**Approved by**:

Employee Signature Name & Date:

Signature:

**For finance dept use only:**

Paid By & date:

Instrument:

Remarks: