



PGBRK



REMB280169627 FSIW1002039

Capgemini Technology Services India Limited

Employee ID **69627_FS** Employee Name **Emmanuel Rentapalli** Date Of Joining **07/03/2016**

For Voucher No : W1002039**13-03-2018
15:00**

Pay Components	Annual Plan	YTD Eligibility	YTD Claimed	Claims Under Process	Available Till Date	Current Claims
MEDICAL REIMBURSEMENT	13500.00	13500.00	0.00	0.00	0.00	13500.00

Your claim will be processed in March 2018 subject to receipts/submission of your bills**No Of Supporting Documents : 12**

Capgemini Technology Services India Limited**Medical Reimbursement Claim Form****Financial Year 2017-2018**

Employee Code	69627_FS	Employee Name	Emmanuel Rentapalli
Joining Date	07-Mar-2016	Location	IN12
Position	SENIOR CONSULTANT		

Voucher No : W1002039

Sl. No	Bill No	Bill Date	Name of Patient	Relationship of the Patient with the Employee	Amount(Rs.)
1	2985-RNO	12-Aug-2017	JOHN ASHISH	Son	2700.00
2	OCS5-00636463	06-Jan-2018	KIRANMAI	Spouse	600.00
3	OCS5-00636462	06-Jan-2018	KIRANMAI	Spouse	200.00
4	OCS5-00659911	09-Feb-2018	KIRANMAI	Spouse	2530.00
5	OCS5-00660070	09-Feb-2018	KIRANMAI	Spouse	600.00
6	OPH5-419298	06-Jan-2018	KIRANMAI	Spouse	559.00
7	OCS5-00639687	11-Jan-2018	KIRANMAI	Spouse	850.00
8	OCS5-00639671	11-Jan-2018	KIRANMAI	Spouse	7800.00
9	OCS5-00682167	10-Mar-2018	KIRANMAI	Spouse	400.00
10	OPH5-485039	10-Mar-2018	KIRANMAI	Spouse	779.00
11	OPH5-453230	09-Feb-2018	KIRANMAI	Spouse	926.00
12	OCS5-00650614	27-Jan-2018	KIRANMAI	Spouse	4540.00
Total :					22484.00

Declaration :

I hereby certify that the above expenses have been incurred by me and the particulars are true and correct to the best of my knowledge and understanding.

I hereby declare that the above claims include expenses on over-the-counter (OTC) drugs for a value of Rs. _____ towards which prescription is not attached

Documents to be attached: Original bills null of the prescription

Signature of Employee :

Date : 13/03/2018