

UNIVERSITY OF SAN JOSE-RECOLETOS

Cebu City

College/Department: \${College or Department}

Date: \${date}

Rev. Fr. Vicente L. Ramon, Jr., OAR

Vice-President for Finance

USJ-R Cebu City

Through:           \${Medical Clinic Head}

Dear Fr. Ramon,

          This is with reference to my Out-Patient/Medical Consultation expenditure/s incurred on \${Incurred Date}.

          May I request for reimbursement of my health-related expenses covering to \${Amount in Words} (Php \${Amount in Number}) covering:

Date: \${Medical Service Date}

O.R. Number \${OR Number}

Medical Service: \${Medical Service}

Amount Charged: \${Amount Charged}

Truly yours,

                  \${Sender}