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}