

MEDICAL REIMBURSEMENT CLAIM FORM - FINANCIAL YEAR 2014-2015

Name of the employee	PUSHPARAJ T
Employee code	2269
Location	BANGALORE
State	KARNATAKA

DETAILS OF VOUCHERS ATTACHED:

SI No	Name of the Patient	Relationship with the employee	Voucher No.	Voucher Date	Amount (Rs.)
1.	Pushparaj	Self	027135	16/02/2015	4189.00
2.	Rajeshwari	Mother	A108178	28/12/2014	2414.00
3.	Diksha	Daughter	47907	14/02/2015	300.00
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
TOTAL					6903.00

I hereby declare that information stated above is true and correct. I am personally liable to Income Tax proceedings, for any misstatements in the proofs submitted herewith if they are inconsistent with the requirement of Income Tax Act of 1961.

Date :

Signature of the employee

For use of HR Department

Entitlement	Amount Claimed	Amount Passed	Amount Taxable

Approved by
General Manager-
HR