



Medical Reimbursement Form

SAP ID: 40007987

Claim Number: 32323

Employee Name: Manik Prabhu Nanna

Submitted On: 19-Mar-2015

Sl.	Bill Number	Bill Date	Claiming For	Patient Name	Amount
01	BCG0000515	17-Mar-2015	Mother	SUJATHA	496.00
02	JH9728087	18-Feb-2015	Spouse	SWARNALATHA	750.00
03	JH1082592	18-Feb-2015	Spouse	SWARNALATHA	800.00
04	CC0025044	04-Jan-2015	Son	ADVAITH	175.00
05	BCG0000340	20-Jan-2015	Son	ADVAITH	438.00
06	BCG0000422	20-Feb-2015	Self	MANIK PRABHU	682.00
07	CC0011943	06-Feb-2015	Son	ADVAITH	345.00
08	25607	22-Jan-2015	Spouse	SWARNALATHA	179.50
09	24156	04-Jan-2015	Son	ADVAITH	281.50
10	16811	12-Oct-2014	Spouse	SWARNALATHA	229.50
11	17968	30-Oct-2014	Son	SRIRAM	182.50
12	3334	08-May-2014	Spouse	SWARNALATHA	299.50
13	8095	16-Jul-2014	Mother	SUJATHA	541.00
14	9160	16-Jul-2014	Mother	SUJATHA	230.00
15	23325	13-Jan-2015	Spouse	SWARNALATHA	710.00
16	23015	09-Jan-2015	Spouse	SWARNALATHA	570.00
17	22839	06-Jan-2015	Spouse	SWARNALATHA	400.00
18	21687	23-Dec-2014	Spouse	SWARNALATHA	900.00
19	21723	23-Dec-2014	Spouse	SWARNALATHA	400.00
20	12601	27-Aug-2014	Self	MANIK PRABHU	500.00
21	14006861	05-Sep-2014	Spouse	SWARNALATHA	3,960.00
22	OPB15-001509	21-Jan-2015	Spouse	SWARNALATHA	60.00
23	C023696	27-Mar-2014	Mother	RAMULAMMA	734.00
24	IPB14-00362	28-Mar-2014	Mother	RAMULAMMA	7,155.00

Total Amount: 21,018.50

Disclaimer:

1. I declare that my medical reimbursement claim is as per rules of the company.
2. The Amount claimed if any includes medical expenses for dependent children below the age of 23 years.
3. Any discrepancy in the medical claim is my personal liability

Note:

1. List all supporting in the given format. Totals must agree for each individual expenses claimed.
2. Attach all supporting - each bill must be serially numbered on the top right-hand corner.
3. Original bills must be sent along with the photocopy of the prescription.
4. Bills must have the patient's name and date. Bills must pertain to the current financial year (Apr-Mar). Names of medicines not legible must be given in bold letters on the reverse of the bill.

(please sign here)

MANIK PRABHU NANNA

Date: