



# PRE – EMPLOYMENT MEDICAL REIMBURSEMENT

Date: 24/01/2023

NAME : testembee  
LOCATION (city/town where medical test was taken) : iytirrrir  
DATE OF JOINING : 13/11/2022

Please arrange to reimburse a sum of Rs.2000/- being the pre-employment medical expenses incurred by me as per details given below.

S. No.	Bill No.	Date	Amount
1	hrhr	11/11/2022	8787
Total Amount			8787

SIGNATURE