



MEDICAL CLAIM

Dated: _____

To:

The GM/DGM

Head Office

Dear Sir,

I request you to kindly reimburse me Ksh_____ towards medical expenses incurred as per the attached receipt(s) credit my account/card account_____

Signature	
Name	
Designation	
Department/Branch	

For Office use only

Entitled Kshs:.....

Ledger Folio No.:.....

Available Balance Kshs:.....

Amount of claim Kshs:.....

Balance available after this claim is approved:.....

Approval: Expenditure of Ksh_____ approved.

Signature	
Date	

Payment details:

Ksh_____ paid on _____ credited to a/c. _____

Debited to Exp account no. _____ at _____ branch.

Entered by:	Posted by:	Date :
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