MEDICAL EXPENSE CLAIM FORM

## Use this form to claim eligible expenses

✔ Expense claim form is filled properly

✔Employee ID Attached ✔ Original receipts are attached

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employe Information | | | | | | | | | | | | | | | |
| EMPLOYEE NAME LAST | | FIRST | | MIDDLE | BANK ACCOUNT# | | | | | | | | | | |
|  |  |  | |  |  |  |  |  |  |  |
| FULL ADDRESS | | | | | SOCIAL SECURITY # (if SA# not known) | | | | | | | | | | |
| CITY | STATE | | ZIP CODE | | CONTACT NUMBER | | | | | | | | | | |
| EMAIL ADDRESS | | | IMMEDIATE MANAGER NAME | | | | | | | | | | | | |
| Claim Details | | | | | | | | | | | | | | | |
| EMPLOYMENT HISTORY | DEPARTMENT NAME | | EXPENSE NATURE | APPROVED LIMIT | | | | AMOUNT REQUESTED | | | | | | | |
|  |  | |  |  | | | | $ | | | | | | | |
|  |  | |  |  | | | | $ | | | | | | | |
|  |  | |  |  | | | | $ | | | | | | | |
|  |  | |  |  | | | | $ | | | | | | | |
|  |  | |  |  | | | | $ | | | | | | | |
|  |  | |  |  | | | | $ | | | | | | | |
|  |  | |  | TOTAL | | | | $ | | | | | | | |
| Employee Confirmation | | | | | | | | | | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_ confirm that the above-mentioned expenses have been paid by me and are eligible as per the rules mentioned in manual book \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. As per current date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ these expenses have not been reimbursed to me at my account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   1. I fully understand that the expenses for which I am reimbursed cannot claim any income tax deduction or credit. 2. I also acknowledge that I can be further asked to submit document/s for these expenses. 3. I am with all my true intentions, willing to get a reimburse up-to my actual expenses, which I incurred. 4. All above provided information is accurate and true as per my knowledge. | | | | | | | | | | | | | | | |
| Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | DATE: \_\_\_ /\_\_\_ / \_\_\_\_\_\_ | | | | | | | | | | |
| Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | DATE: \_\_\_ /\_\_\_ / \_\_\_\_\_\_ | | | | | | | | | | |