

# Medical Expense Claim Form

This **expense claim form** sample is designed to simplify the process of requesting reimbursements for medical expenses. It ensures clear documentation of all relevant costs, including prescriptions, consultations, and treatments. Using this form helps streamline approval and record-keeping for both employees and employers.

## Employee Information

Employee Name		Employee ID	
Department		Contact Number	
Date of Submission			

## Expense Details

Date	Description	Provider/Pharmacy	Amount (USD)	Receipt Attached
	Consultation			Yes / No
	Prescription Medication			Yes / No
	Treatment/Procedure			Yes / No
<b>Total</b>				

## Declaration

I hereby declare that the above information is correct and that the expenses claimed were incurred for legitimate medical purposes. All original receipts are attached as proof of expenditure.

Employee Signature

Date

## For Office Use Only

Reviewed By		Date	
Status	Approved / Rejected	Remarks	

*Please attach all relevant receipts and supporting documents. Incomplete forms may result in processing delays.*