

Employee Claim Form Sample for Medical Reimbursement

The **employee claim form sample** facilitates the process of medical reimbursement by providing a clear and organized template for submitting healthcare expenses. This form ensures accurate documentation, streamlining approval and payment procedures. It is essential for employees seeking timely compensation for their medical costs.

Employee Details

Employee Name

Employee ID

Department

Contact Number

Patient Details

Patient Name

Relationship with Employee

Medical Expense Details

Period of Treatment

Hospital/Clinic Name

Consulting Doctor's Name

Expense Breakdown

S.No.	Description	Date	Amount (INR)	Bill No.
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total Claim Amount (INR)

Bank Details for Reimbursement

Account Holder Name

Bank Name

Account Number

IFSC Code

Declaration

I hereby declare that the above particulars are true and the expenses were incurred for the treatment of the patient named above. I have not claimed these expenses earlier.

Employee Signature:

Date:

Submit Claim