

Medical Reimbursement Claim Form Sample for Employees

Download the **medical reimbursement claim form sample** designed for employees to easily submit their healthcare expenses for reimbursement. This template ensures accurate and organized documentation, simplifying the approval process. Use it to streamline your medical expense claims efficiently.

Employee Details

Full Name:

Employee ID:

Department:

Contact Number:

Medical Expense Details

Patient Name (if different):

Relation to Employee:

Date of Treatment:

Hospital/Clinic Name:

Claim Amount (â‚¹):

Description of Expenses:

Attach Supporting Documents (scanned bills, receipts, prescriptions):

Choose File

No file selected

Declaration

I hereby declare that the above information is true and the expenses claimed have not been submitted previously. All supporting documents are attached.

☐

 I agree to the above declaration.

Employee Signature:

Date:

Submit Claim