

Welfare Claim Form Sample

Medical Expenses Reimbursement

Download our **welfare claim form sample** to easily submit your medical expenses reimbursement request. This template ensures all necessary details are included for a smooth approval process. Simplify your claim submission with this comprehensive, user-friendly form.

Personal Details

Full Name:

Employee/Member ID:

Department/Unit:

Contact Number:

Medical Expense Details

Patient Name:

Relationship to Employee/Member:

Date of Treatment:

Healthcare Provider:

Claim Amount (USD):

Details & Supporting Documents

Reason for Claim / Description of Medical Service:

Attach Receipts/Invoices:

Choose File

No file selected

Declaration

I hereby declare that the information provided above is true and accurate, and the expenses claimed are not reimbursed from any other source.

☐

I agree to the above declaration.

Submit Claim