

# 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**