

**APPLICATION FOR REIMBURSEMENT OF MEDICINES PURCHASED BY PENSIONERS
DURING MARCH 2020 TO MAY 2020**

The Dy. General Manager (B & O),
State Bank of India,

_____ Administrative Office,

(Respectfully submitted through the Medical Officer, _____ Dispensary)

Madam / Dear Sir,

I submit herewith the bills for reimbursement of expenses incurred by me on medicines purchased from outside, in terms of Mumbai (Metro) L H O letter No. 0067 of the 6th May, 2020. I give my details for your kind consideration.

1	Name of the pensioner / family pensioner & PF Index No.	Mr / Mrs / Ms _____ PF Index No. _____
2	Pension Paying Branch & RBO	_____, RBO _____
3	Dispensary registered with	
4	Regn. No. with the dispensary	
5	Reimbursement claimed for	Self / Spouse
6	Name of Spouse (if claimed for spouse)	
7	Details of Medicines purchased :	

Date of Cash Memo	Bill / Memo No.	Supplier's Name	Amount (Rs.)
Total - Rupees			only

Certified that I have actually incurred the above expenses which may be reimbursed & credited to my pension A/c No. _____.

Place : _____

Date : ___ / ___ / 2020

(Claimant's Signature)

For Use of Medical Officer

I have scrutinized the above claim & found to be as per the case paper of the pensioner.
Entry made in the Pensioner's Case Paper.

Date : ___ / ___ / 2020.

Medical Officer