**V.O.CHIDAMBARANAR PORT TRUST**

To

The Chief Medical Officer,

V.O.Chidambaranar Port Trust,

TUTICORIN

Sir,

Subject: Reimbursement of expenditure incurred towards purchase of the out of stock medicines

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| --- | --- | --- |
| 1. | Name |  |
| 2. | Employee No. |  |
| 3. | Department |  |
| 4. | Designation |  |
| 5. | Medical Id. Card No. |  |
| 6. | Date of Prescription |  |
| 7. | Name of the Doctor who prescribed the medicine |  |
| 8. | Amount of Bill | Rs. |
| 9. | Name of the Medical Store |  |

I have enclosed the original prescription and the original bill of medical store.

I declare that the above details are correct. I have received an amount of Rs.\_\_\_\_\_\_\_\_\_\_\_\_(Rupees\_\_\_\_\_\_\_\_\_\_\_\_) only from the medical Department On\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the employee