

**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

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