



MOTILAL NEHRU COLLEGE

(University of Delhi)

Benito Juarez Marg, New Delhi-110021

1. Name of the Employee.....SBI A/c No.....

Designation.....B.Pay.....allowances.....Total.....

2. Date of Submitting the Bill/Bills.....Nature of Bill.....

No. of Bill/s.....

Details of Bill/s

Bill No. & Date.	Name of the Patient	Relationship	Amount

Amount disallowed with the reason (s) from Bill No.

Lab Test.....

Consultation.....

Medicine.....

Others.....

Total Rs.....

Permissible expenditure of total Bills Rs.....

Bill/s entered in the Medical Register at Page No.....

Dealing Asstt.

Permissible expenditure of total Bills Rs.....debitable

To Medical Reimbursement A/c

Asstt. Sr.Asstt S.O. (Admin) S.O. (Acctts) A.O Bursur Principal

Received Rs.....

Signature of Employee