

UNIVERSITY OF ENGINEERING AND TECHNOLOGY, PESHAWAR



Voucher No _____

Dated: _____

To

The Treasurer,
University of Engineering & Technology
Peshawar.

Subject: **RE-IMBURSEMENT OF MEDICAL CLAIM**

Sir,

I have spent a sum of Rs. _____ (Rupees _____
_____ Only) on the treatment of my _____.

Necessary prescriptions along with Cash Memo(s) No. _____ duly signed and
attested by the _____ are enclosed herewith.

It is therefore requested that re-imburement of the said amount may kindly be
sanctioned and payment arranged to me.

Declaration

I, Mr./Mrs./Miss _____ Son/Daughter/Wife of
_____ working as _____ in the
Section/Department _____ do hereby solemnly declare
that my dependent (Parents/Spouse/Son/Daughter) is neither serving nor retired employees of the
Govt./Semi Government or any other Organization or University.

Yours truly,

Signature _____

Name _____

Designation _____

Section/Dept. _____

Certified that the claimant is a permanent employee of this University and he has actually
spent the above amount on his/her own treatment/of the treatment of his/her dependent family and is,
therefore, recommended for re-imburement.

The above information is correct to the best of my knowledge.

Head of Section/Department

For Office Use Only

Head of Account: **034 – Medical Charges**

Passed for Rs. _____ (Rupees _____
_____ Only)

Treasurer

Deputy Director Accounts

Supdt.Accounts

Dealing Assistant

Payees Signature