

Medical Reimbursement Receipt

Receipt No: MRR-2024-0052

Date of Receipt

2024-06-18

Patient Name

John Doe

Employee ID

EMP12345

Department

Finance

Contact Number

+1 555-234-5678

Claim Period

May 2024

Details of Medical Expenses

Date	Description	Provider	Amount (USD)
2024-05-04	Consultation Fee	City Health Clinic	60.00
2024-05-06	Laboratory Tests	LabWorks	85.00
2024-05-08	Prescription Medicines	PharmaPlus	45.70
Total Amount			190.70

Amount in Words

One Hundred Ninety Dollars and Seventy Cents Only

Remarks

All original bills and prescriptions are attached.

Employee's Signature

Authorized Signatory

- Ensure all original bills and prescriptions are attached to this receipt.
- Claims may be subject to company-specific policies and maximum limits.
- Falsification or misrepresentation can result in disciplinary action.
- Submit within the prescribed claim period for faster processing.