

Undertaking for Medical Reimbursement

Date: _____

To,
The [Designation/Head of Department],
[Company/Organization Name],
[Address]

Subject: Undertaking for Medical Reimbursement

I, _____,

Employee Code: _____,

Designation: _____,

Department: _____,

hereby undertake that the claim for medical reimbursement amounting to Rs. _____ (Rupees _____ only) submitted by me pertains to the medical treatment of myself/my dependent(s) and the supporting documents and bills attached herewith are genuine and have not been claimed earlier.

I further declare that the expenses claimed have not been reimbursed from any other source or insurance and agree to refund the amount, if any discrepancy is found at a later date.

Signature: _____

Name: _____

Employee Code: _____

Date: _____

Important Notes:

- Ensure all required documents and genuine medical bills are attached.
- This undertaking must be signed and submitted along with the claim form.
- Providing false information may lead to disciplinary action, including recovery of the claimed amount.
- Retain photocopies of all submitted documents for your record.
- Consult the HR/Administration department in case of any doubt or further clarifications.