

ABC Corporation Pvt. Ltd.

123 Business Avenue, City Name, State, ZIP Code

Date: June 13, 2024

To,
Mr./Ms. **John Doe**
Employee ID: 56789
[Department Name]
[Location/Branch]

Subject: Approval of Medical Reimbursement Claim

Dear **John Doe**,

We are pleased to inform you that your medical reimbursement claim submitted on **June 10, 2024** has been reviewed and approved by the competent authority.

The details of your approved claim are as follows:

- Claim Reference Number:** MR/2024/2345
- Total Amount Approved:** \$2,500
- Period of Claim:** May 25, 2024 - June 5, 2024

The approved amount will be credited to your registered bank account within the next 7 working days.

Kindly retain all original bills and supporting documents for future reference, as they may be required for audit purposes.

If you have any questions or require further assistance regarding your claim, please contact the HR Department at