Annexure II

IndianOil

Miscellaneous Expenses Reimbursement

(Submitted for F.Y. 20_____ to 20_____)

I certify that my expenditure on account of the miscellaneous domiciliary treatment expenses for self and other beneficiaries under PRMBF, who are wholly dependent and residing under the same roof with me for the Financial Year_____ is Rs. _____(Amount in words_____)towards.

- ☐ Homeopathy treatment
- ☐ Cost of Spectacles
- ☐ Cost of Hearing Aids
- ☐ Travel for outstation reference

(Please tick as applicable)

The above expenses may please be reimbursed to me.

Signature:

Name :

Date :

Emp. No. :

Last Grade :

For Use In Finance Department

Claim passed for Rs._____(Rupees_____)

Vide Transaction No. _____

(ACO/AM(F)/FM)