



National University  
of Computer and Emerging Sciences



**Medical Reimbursement Form**

**Employee Information**

Name:		Emp ID:	
Designation:		Campus:	
Department:		Request date:	

**Reimbursement Details**

S#	Description	Amount (Rs):
<b>Total</b>		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Accounts Office**

S #	Approved Limit	Utilized	Balance	Requested

Name: Ehsan ul Haq  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval**

REGISTRAR (<=50,000)	RECTOR (>50,000)
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Remarks: _____	Remarks: _____
Signature: _____	Signature: _____
Date: _____	Date: _____