

## सुवगरंद्य- र्राममेणसत्यापन्यत्वेदा

## PUNATSANGCHHU-II HYDROELECTRIC PROJECT AUTHORITY AMINISTRATION WING

## **BJIMTHANGKHA, WANGDUE: BHUTAN**

E-mail: - admwing@phpa2.gov.bt
Tele: 02-471587



## **Medical Reimbursement Claim Form**

Name:         Office:         Designation:         Grade:													
							Sl. No.	Name of Patient	Relationship	Bill No. & date	Particulars of expenses	Amount claimed	Amount admitted

Certified that all the bills have been verified and found to be correct.

Total Nu./Rs.