

**W.U.S. HEALTH CENTRE  
UNIVERSITY OF DELHI,  
DELHI-110007.**

Dated :

**Reimbursement Form for payment of Local Purchase Bill(s)**

| S.No.        | Cash Memo No./Invoice No./Bill No. | Date | Amount     |
|--------------|------------------------------------|------|------------|
| 1.           |                                    |      |            |
| 2.           |                                    |      |            |
| 3.           |                                    |      |            |
| 4.           |                                    |      |            |
| 5.           |                                    |      |            |
| 6.           |                                    |      |            |
| 7.           |                                    |      |            |
| 8.           |                                    |      |            |
| 9.           |                                    |      |            |
| 10.          |                                    |      |            |
| 11.          |                                    |      |            |
| 12.          |                                    |      |            |
| 13.          |                                    |      |            |
| 14.          |                                    |      |            |
| 15.          |                                    |      |            |
| 16.          |                                    |      |            |
| <b>TOTAL</b> |                                    |      | <b>Rs.</b> |

Name of Employee (In Block Letters)..... Designation.....

Department/College..... Token No. ....

Address.....Mobile Number .....

**Bank Details :**

| Saving Bank A/c No. | Bank Name | Branch | IFSC Code |
|---------------------|-----------|--------|-----------|
|                     |           |        |           |

**Signature of employee**

Please attach :-

- **Original prescription slip and bill duly verified by the Pharmacist, Medical Store of W.U.S. Health Centre.**
- **Photocopy of Health Booklet of patient.**
- **Self Attested photocopy of first page of Bank Passbook/cancelled cheque.**