

**Government of Andhra Pradesh
School Education Department**

From

To,
The Commissioner of School Education,
Ibrahimpattanam, Vijayawada,
Andhra Pradesh, Amaravathi.

Lr. No:, Dated :.....

Sir/Madam,

Sub: Submission of MR Bills of
Request for scrutiny and sanctioning of admissible amount - Reg.

The details of Medical Reimbursement bills submitted to you for scrutiny and sanctioning of admissible amount as per the existing G.O's are as follows:

Name of the beneficiary (Patient) :-

Name of the Employee/Pensioner:-

Relation with beneficiary :-

Claim submitted by :-

Name

Relation with Employee/Pensioner

Name of the Hospital :-

Whether approved by DME or not:-

Yes

No

Date of Admission: DD/MM/YY //

Date of Discharge: DD/MM/YY //

Amount Claimed :- Rs.....

I certify that I have physically verified the following documents submitted by the Employee/Pensioner and found correct. I also certified that the original bills are kept under my safe custody until the sanction of the bill and when ever asked I will submit the original bills to O/o CSE, AP, Amaravathi.

- Appendix-II
- Non-drawl Certificate
- Dependent certificate
- Emergency certificate
- Essentiality certificate
- IP/OP Bills
- Consolidated IP/OP Bills
- Original discharge summary/Death summary (in case of death of the Beneficiary during treatment.)
- Copy of DME approved proceedings (in case of approved hospital)
- Pension payment order in case of pensioners
- Any other relevant documents

Station:

Signature of DDO with seal

Date: