



# UNIVERSITY OF EMBU

## MEDICAL REIMBURSEMENT FORM

### DEPARTMENT OF HEALTH SERVICES

NOTE: The processing of the medical claims will take at least FIVE WORKING DAYS from date of request. Kindly note that if any of the required document(s) is/are missing your claim will be returned to you.

#### PART I: Claim Details (To be completed by Employee)

Name of Claimant:..... Designation:.....  
 PF/NO:.....Department:.....Mobile No:.....  
 Kindly arrange to refund me Kshs..... (in words).....  
 .....  
 being money I or my dependant spent on purchasing drugs/laboratory/X-ray services/any other (state).....as per the attached receipts.  
 Signature:..... Date:.....

#### PART II: Review and Verification of claim (Head of Health Services)

Checked By: Name..... Designation:.....  
 Remarks:.....  
 .....  
 Signature:..... Date:.....

#### PART III: Authentication of claim (Medical & Pension Unit)

Checked By: Name:.....  
 Remarks:  
 i. IN-PATIENT.....  
 ii. OUT-PATIENT.....  
 iii. OPTICAL.....  
 iv. DENTAL.....  
 .....  
 Signature:..... Date:.....

#### PART IV: Authorization for payment (VC/DVC[PAF])

Remarks:.....  
 Signature:..... Date:.....

#### PART V: Processing of payment (Head of Finance)

Remarks:.....  
 Signature:..... Date:.....

