

UNITED PENTECOSTAL CHURCH OF MIZORAM
GENERAL HEADQUARTERS : AIZAWL

Sanction No. _____

MEDICAL RE-IMBURSEMENT BILL

1. Diltu hming (Name of applicant) : _____
2. Nihna (designation) : _____
3. Awmna hmun / khua (Place of posting) : _____
4. Damlo hming (Name of patient) : _____
5. Damlo kum zat (age of patient) : _____
6. Damlohna (disease) : _____
7. Diltu leh damlo in laichinna (relationship with the patient)_____
8. Damdawiin hming (Name of hospital): _____
9. Bill zat (Bill amount)
 - (a) Damdawi man(cost of medicine) : _____
 - (b) Investigation man(cost of investigation) : _____
 - (c) Total amount : _____

A chungah thu inziak hi a dik ngei a ni tih ka hria a, eng hunah pawh a dik lohna hmuh chhuah anih chuan bill ka lak zawng hi a vaiin ka rul leh vek ang(Certify that the above statement are true to the best of belief and if anything is found incorrect at any stage, the amount will be fully recovered by me)

Diltu Signature
(Signature of applicant)



OFFICE LAM CHAN (FOR OFFICIAL US)

Sanction is hereby accorded for Rs _____(Rupees
_____) only being medical re-imburement bill for
Rev _____

Gen.Superintendent

Passed Rs _____(Rupees _____) only for payment

General Mission Secretary

Received Rs _____ in full

(_____)

Sign.of applicant