

# METHODIST UNIVERSITY COLLEGE GHANA

## REFUND OF MEDICAL EXPENSES

### 1. TO BE COMPLETED BY STAFF CLAIMING REFUND

I/My wife/Child attended hospital on .....

.....

The total hospital cost/Lab. Charges/cost of drugs is .....

..... (GH¢.....)

I wish to apply for the refund of the above hospital expenses (attached please find receipt(s) covering the said expenses.

**NAME OF APPLICANT:** .....

**DEPARTMENT/SECTION/UNIT:** .....

**SIGNATURE:** ..... **DATE:** .....

### 2. TO BE COMPLETED BY THE HR/GENERAL ADMIN. REGISTRAR

I confirm that the patient(s) listed in the claim is/are duly registered and is/are qualified under our service conditions.

.....  
**HR/GENERAL ADMIN. REGISTRAR**

### 3. TO BE COMPLETED BY THE REGISTRAR

**(TO FINANCE OFFICER)**

The above expenses are approved/not approved. Arrange to refund the above hospital expenses to .....

.....  
**REGISTRAR**