**CENTRAL REFERRAL HOSPITAL**

**5TH MILE TADONG, GANGTOK**

**PER DIEM ALLOWANCE REIMBURSEMENT**

**Name of the Employee ………………………………………………………………………. Department ……………………………………………………**

**E. Code ……………………………………………………………………… Designation …………………………………………………...**

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| **S. No.** | **Name of the Patient** | **Date** | **Hosp. No.** | **Departure**  **Place Time** | | **Arrival**  **Place Time** | | **Amount claimed** | **Remarks** |
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***Checked:* *Vetted:*  *Authenticated: Sanctioned:***

***Nursing Superintendent, CRH Billing Section CRH HR Department CRH Medical Superintendent, CRH***

***Date:* *Date: Date: Date:***