



## PAYMENT VOUCHER

ROS Reference: 0323/2003

DATE: \_\_\_\_\_

REF: \_\_\_\_\_

NAME OF CLAIMANT: \_\_\_\_\_

(AS IN BANK A/C) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MEMBERSHIP NO: \_\_\_\_\_

Descriptions	AMOUNT:	Amount
<b>BEING REIMBURSEMENT FOR MRI OF CARDIAC / LIVER (FOR MEMBER'S WELFARE ONLY)</b> The following bill is attached:  NAME OF HOSPITAL: _____  BILL NO: _____  DATE OF SCAN: _____  <i>PAID BY:</i>  <b>DBS CHEQUE NO:</b> _____  <b>DATE:</b> _____		\$
<b>Sub-total Amount</b>		\$
<b>Total Amount Payable</b>		\$

Approved By:	Disbursed By:	Signature of Claimant:
<b>NAME: MR. DERRICK LIM</b> <b>CHAIRPERSON</b>	<b>NAME: MS HELEN FONG</b> <b>TREASURER</b>	<b>NOTE: THE AGE OF CLAIMANT MUST BE ABOVE 12 YEARS OLD</b>