c

F#2.6

**Dh. Atoll Education Centre**

Dh. Kudahuvadhoo

Medical Bill Submission Form

|  |
| --- |
| General Information |
| Name: |  |
| PP Number: |  |
| Designation: | Teacher |
|  |  |
| Medical Bill Information |  |
| # | Bill Number | Shop/Hospital Name | Details | Amount |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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|  |  |  |  |  |
| Total: | 780.00 |
| Here by I agree that above information is Correct:Name: Date: Sign: |
| Payable Amount: |  |