MEDICAL REIMBURSEMENT FORM

Kino Biotech
康樂生技

Name : _____ Date of submission : _____

Employee No. : _____

Medical Fees : _____ Date of visit : _____

Fees Payable : _____ (For H.R dept)

Remarks : _____

_____

Approved By :

Paid / Date : (Payroll dept)

_____ _____

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