UNITED DISTRICT CONSTABLES ASSOCIATION
MEDICAL REIMBURSEMENT FORM

Constabulary Station

_____

_____

_____20_____

The President
United District Constables Association

Dear Sir,

APPLICATION OF #_____
FOR MEDICAL REIMBURSEMENT

I hereby apply for medical reimbursement from the United District Constables Association in respect to medical bills

The total amounts of bills are _____

Please find receipts attached;

Other Comments;

_____

_____

My contact numbers are:

Cellular; _____Home; _____Work; _____

I would be grateful if my application be given favourable consideration.

Sincerely,

_____

[redacted]