

SPECIALISED TREATMENT FUND
MINISTRY OF HEALTH – ALLOWANCE CLAIM

To: Director of Finance
Finance and Budget Section

From: Mr / Mrs / Miss / Ms:.....

Post Title:.....

Place of work:.....

I hereby claim the sum of SCR..... In respect of subsistence Allowance

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As allowance for duties at (Give details as well as location).....

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From: Day.....Date.....Time.....

To: Day.....Date.....Time.....

Case Number (s).....

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Claimant (Certified correct)

Date

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Manager, overseas treatment Board

Date

.....

Principal Secretary

Date