## Flexible Spending Account REIMBURSEMENT REQUEST



This form should not be used for debit card substantiation or HRA claims.

## **EMPLOYEE INFORMATION**

Employee Name

## **CLAIM SUBMISSION REQUIREMENTS**

- 1. **Be sure your form is complete**, **legible and signed**. Incomplete Reimbursement Request Forms or those lacking proper documentation will not be processed. You will receive a letter of explanation.
- 2. Limit one receipt per line. Do not include more than 2 receipts per Day Care or 5 receipts per M-4.8 14.5ptay C (d)2.30

