Flex Spending Account Withdrawal Request

Employee Name: _____ **Date:** _____

I am requesting reimbursement from my Flex Spending Account for the following expenses that have been incurred:

Item Incurred	Date Incurred	Amount
		$
		$
		$
		$
		$
		$
		$
		$

Total Amount of Reimbursement Requested: $_____. _____

I confirm that the expense(s) listed above are in fact a qualified medical expense and have <u>not</u> been paid or reimbursed under any other health plan coverage.

☐ Receipt is attached with this signed form. *(Credit card statement or cancelled check not acceptable.)*

Signed: _____

Please submit to HR Manager when completed.

HR/Accounting Use Only

Date Received: ____/____/____

Date Completed: ____/____/____

Request Completed by Signature: _____