

**This page can be filled in online. Simply click on an entry area and type.
You can then print this page and submit it with the required documentation.**

REQUEST FOR REIMBURSEMENT

Full Name of Cafeteria Plan

Participant Name (Last, First, M.I.)

Social Security Number

Date

Address (Number/Street, City, State, Zip)

Check Plan	Dates of Service		Name of Service Provider	Type of Service (Co-Pay, Dental, Prescription)	Amount Requested
	From	To			
<input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Dependent Care					
<input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Dependent Care					
<input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Dependent Care					
<input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Dependent Care					
<input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Dependent Care					
<input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Dependent Care					
<input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Dependent Care					
<input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Dependent Care					
<input type="checkbox"/> Medical Reimb. <input type="checkbox"/> Dependent Care					

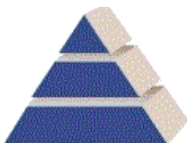
Always retain copies of any proof of expense submitted with this Request for Reimbursement.

To the best of my knowledge and belief, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred by my spouse, my dependent, or myself. I certify that these expenses have not been reimbursed under this plan and will not be reimbursed under any other employer sponsored benefit plan and will not be claimed as an income tax deduction.

I authorize the company to reduce my reimbursement account(s) by the amount of reimbursement(s).

Participant's Signature

Date



Please return all completed paperwork to:

RANDALL & HURLEY, INC.

601 W. Riverside, Suite 940 ☞ Spokane, Washington 99201
(509) 838-5500 voice ☞ (509) 838-1388 fax