PPO Reimbursement Form - Please Staple Receipt Behind Form

Please fill out the top section of this form and give to Steve. A reimbursement check will be put in your mailbox at the end of the month along with a copy of this form.

I _____(Print Name) attest that I have not received any other payment or reimbursement for out-of-pocket under this provision or reimbursed from any other source. If it is determined that funds are received that are duplicates of other reimbursements, or do not qualify under the guidelines, then fraudulent charges can be filed against the individual staff member.

Receipt Amount:_____ Date of Claim:_____ (applies to that year of reimb.)

Signature:_____

(Section filled out by Treasurer)

Date Received:_____

Which Coverage Does Staff Member Have? Single Family

Amount Reimbursed to Employee This Year Prior to This Receipt:_____

Amount Available to be Reimbursed to Employee After This Receipt:_____

Treasurer Approval Reimbursement of This Receipt:_____

(Section Filled out When Creating Check)

Reimbursement Number:_____

Check Number:_____

Check Amount:_____

Employee receives copy of this form with the check. Original copy is retained and filed in order of Reimbursement Number.