



**** DENOTES FIELDS THAT MUST BE COMPLETED ****

1/1/2026

[illegible]

PLEASE PRINT CLEARLY

****ANY MISSING AND OR ILLEGIBLE INFORMATION MAY RESULT IN A DELAY IN PROCESSING YOUR REIMBURSEMENT****

****Name & Address (Street Address Required)**:**

****Employee / Member Signature ****

****Facility ****

Approved

Reimbursement Total

\$0.00

***** By Signing you are acknowledging all of the information contained herein is true and accurate *****