FLEXIBLE SPENDING ACCOUNT FOR KIDDIE PREP SCHOOL, INC

REIMBURSEMENT CLAIM FORM *SECTION 125

NAME: _____

DATE: _____ SSN# _____

A COPY OF THE ORIGINAL RECEIPT MUST ACCOMPANY THIS CLAIM FORM.
REIMBURSEMENT CHECKS WILL BE ISSUED FOR AMOUNTS GREATER THAN $5.00.

SERVICE DATE	*PROVIDER*	*MEDICAL AMOUNT*
1. _____	_____	$ _____
2. _____	_____	$ _____
3. _____	_____	$ _____
4. _____	_____	$ _____
5. _____	_____	$ _____

I hereby certify that my request for reimbursement applies for legitimate expenses incurred on the date noted. I will not request reimbursement for these expenses from any other plan, and I will not claim these expenses on my income tax form to the extent that I am reimbursed from my Flexible Spending Account.

SIGNITURE: _____

*Change of Address Only: _____

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