

Submit request by the 1st of the month for reimbursement by 10th to:

The University of Tulsa
The Office of Human Resources
800 S. Tucker Drive ♦ Tulsa, OK 74104

PLEASE PRINT:

Employee's Last Name	First Name	MI	TU ID Number	Department Name	Campus Extension

Documentation must be submitted certifying the expenses for which you are requesting reimbursement. Acceptable documentation includes: (1) an Explanation of Benefits (EOB) that you receive from a medical insurance carrier, or (2) an itemized bill on the letterhead of the provider of care indicating what the medical/dental plan has paid. **Reminder: Canceled checks are not considered eligible receipts per IRS regulations.**

The bill must indicate the nature of service or item, name of individual who received care, name and address of person or organization providing service or item, amount of charge, and date service was rendered or item purchased. Be sure to keep copies of all documentation for your records. *Documents submitted will not be returned and there will be a charge for duplication.*

Please refer to "Your Benefit Choices" booklet which is available online at: www.utulsa.edu/personnel/benefits for additional information. You may print additional copies of this request for reimbursement from this web site as well.

Please supply the information requested below.

CALENDAR YEAR IN WHICH EXPENSES WERE INCURRED: 200__ (Please enter year)
Expenses must be incurred in the same year in which you have established and contributed to a Health Care Flexible Spending Account.

Name of Health Care Provider	Dates of Service	Individual Who Received Care	Relationship	Amount Requested for Reimbursement
(Minimum Request = \$100) Total Request for Reimbursement				

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I hereby certify that the above information is correct and request payment through my Health Care Flexible Spending Account. I further certify that these expenses have not been previously reimbursed through other insurance coverage, this Account, or any other kind of tax-free account. I understand that by law, when I file my Federal income tax return, I am not allowed to claim a tax deduction for any expense that is reimbursed through my Health Care Flexible Spending Account. Payment of an expense through this Account does not necessarily mean that the University considers the expense tax deductible by Internal Revenue Service (IRS) standards. I understand that it is my responsibility to ensure that all expenses for which I request reimbursement are eligible expenses (i.e., tax deductible according to the IRS).

Employee Signature _____ Date _____

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