



RECEIPT FORM

Please use this form to assist in the process of obtaining substantiation for a Flexible Spending Account expense. This form must be completed fully to ensure all necessary information is obtained to substantiate your claim.

I. Account Holders Information

First Name:		Last Name:	
Employer:		Email Address:	
Mailing Address Line 1:			
Mailing Address Line 2:			
City:	State:		Zip:
Phone:			




II. Receipt Details

Date of Service	Name of Provider/Merchant	Name of Person Receiving Services	Type of Expense (The item purchased or service performed)	Dollar Amount of Item/Service

III. Authorization

I authorize the above services have been provided and payment received as indicated above.
Provider/Merchant Signature: _____ Date: _____
Please be sure this form is completed in its entirety to ensure accurate processing.

Contact Customer Service: Monday – Friday 8: 30am-5:00pm EST

 (603) 647-1147 Option 1  (866) 978-7868  customerservice@hrcts.com