



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.

Should you have any questions please contact our Customer Service Department at 603-647-1147 option 1.

Employee Name: _____	Email Address: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Telephone: _____	Employer Name: _____

Receipt Details

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

Total: \$ _____

Provider/Merchant Signature: _____	Date: _____
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