HCC Reimbursement Request Form

MEMBER INFORMATION:

Name _____

Address _____

City, State, Zip _____

Email _____

PURPOSE: _____

Date	Description	Quantity	Rate	Total
	Total			

APPROVED: _____

_____

Receipts must be attached to match the total. Please attach store receipts for items purchased.

Handwritten lists with no documentation will not be accepted.

Submitted by: _____

Date: _____

Reimbursed by check # _____