

FSA Expense Voucher

Employer:	Washington Odd Fellows	Universal Plan
Employee Name:		1053 21st St
Today's Date:		Lewiston, ID 83501
Phone# or Email:		1-800-222-0901 toll free
Signature: (Mandatory)		(208) 746-7046 phone (801) 571-8779 fax ktaylor@rickwoodsinsurance.com www.myrsc.com

FSA CLAIMS

(Receipt/Statement/EOB must include Patient's Name, Date of Service, Provider's Name, & Amount Owed by Patient)

	Did you use your mySourceCard for this transaction?	Claim Amount	Date of Service	Description
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
TOTAL				

The above-signed participant certifies that all expenses claimed on this form were incurred during the period he/she was covered under the above named employer's Flexible Spending Plan and its provision with respect to such expenses.

The expenses were incurred by the participant or his/her eligible dependents and will not be, or have not been reimbursed by his/her insurance or any other benefit plan. These expenses will not be used as deductions or credits when filing the participant's income tax.

Itemizing your receipts on this voucher and sending them together is necessary so we may properly reimburse them.

5/18/2016