

Oklahoma Baptist University Medical/Dental Reimbursement Account Claim Form

Employee: _____
(please print)

Plan Year: **2010**

Section A

Date of Service	Patient Name / Relationship	Description of Service	Health	Dental	Expense to be Reimbursed
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
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			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Section A Total					\$0.00

Section B

Date of Trip	Doctor/Facility/Location	# of Trips	Total Mileage	Mileage Amount	Expense to be Reimbursed
				\$0.24	\$0.00
				\$0.24	\$0.00
				\$0.24	\$0.00
				\$0.24	\$0.00
				\$0.24	\$0.00
Section B Total					\$0.00

(Parking/Tolls attach receipts)

Section C

Date of Trip	Lodging Location	Expense to be Reimbursed
Section C Total		\$0.00

(When lodging away from home is required, you may claim a maximum of \$50.00 per night for each eligible individual. You may not claim meals.)

TOTAL AMOUNT CLAIMED FOR REIMBURESMENT (A+B+C)	TOTAL	\$0.00
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I have read the Medical/Dental Reimbursement Account Plan rules printed on the reverse side of this claim form and I certify that the health related expenses listed qualify under the plan rules. I further certify that the health expenses listed are not reimbursable under Oklahoma Baptist University's health insurance plan or under any other group or individual insurance plan. I understand that expenses claimed for reimbursement may not be claimed as itemized deductions on my tax return.

Employee Signature

Date