

**King's College**  
**Flexible Spending Reimbursement Request Form**  
**Dependent Care Expenses**  
**(Please Print)**

**Submit Claims to:** Human Resources Department  
 133 North River Street  
 Wilkes-Barre, Pa 18711

Phone # (570) 208-5925  
 Fax # (570) 208-5967

**Attach receipts for all expenses.**

<i>Date Incurred</i>	<i>Name of Provider</i>	<i>Covered Person &amp; Relationship</i>	<i>Describe Expense</i>	<i>Amount</i>

**EMPLOYEE CERTIFICATION**

I certify, that to the best of my knowledge, that the attached bills are eligible for reimbursement. I also certify that the expense has not been reimbursed or is not reimbursable under any other health plan coverage and will not be claimed as in income tax deduction on my personal income tax return.

Employee Signature \_\_\_\_\_

Date signed \_\_\_\_\_

**INSTRUCTIONS**

1. Complete this form and attach supporting documents of provider.
2. Each document must include date of service, amount, Fed. Tax I.D. of the provider and a description of the service.
3. If request is for insured expenses not payable by your plan, enclose a copy of the benefit statement you received which informed you it would not be paid.
4. If you do not answer all questions on the form or fail to attach the supporting documents your claim may be delayed. It must be signed and dated.