

CLAIM FORM
under the
WASHINGTON TOWNSHIP BOARD OF EDUCATION
MEDICAL SPENDING ACCOUNT PLAN

To: Bowman & Company LLP
P.O. Box 972
Voorhees, NJ 08043

I hereby certify that I have incurred the following expenses for medical care for which I have not been and will not be reimbursed by insurance or otherwise and request reimbursement of these expenses:

<u>Type of Medical Expense</u>	<u>Date Incurred</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \$ _____

All invoices and other receipts related to this claim are attached.

Dated: _____

Please print Employee's name

Employee Signature