 Flex-Fund Claim Form

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| **Employee Name:** Click or tap here to enter text. | | | | **Email:** Click or tap here to enter text. | | | | | |
| **Employee Association:**  BUCSA  BFA | | | | **Department**: Click or tap here to enter text. | | | | | |
| **INSTRUCTIONS**: Please read carefully and be sure your claim is completed in its entirety to ensure there is no delay in processing.  1) Complete all applicable sections, sign and date. Services must be incurred in order to be reimbursed.  2) Attach all receipts  3) Mail or email the completed claim form and receipts to Ursuline Hall, room 242, [brescia.hr@uwo.ca](mailto:brescia.hr@uwo.ca)  4) Please allow 7-10 business days for claims processing from the date the claim is received. | | | | | | | | | |
| **Service Date** | **Description of Product or Service** | **Receipt Total** | **Please allocate funds from** | | | **Please allocate funds to** | | | **Amount Requested** |
| **PER** | **CWRTER** | **PD** | **Health** | **Internet** | **Wellness** |
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Employee Signature: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_