



CSU, Chico  
Research  
Foundation

## MEDICAL REIMBURSEMENT & CERTIFICATION FORM

Employee Name \_\_\_\_\_ ID \_\_\_\_\_

### **Instructions:**

1. For Medical/Dental/Vision expense claims that were submitted to a medical plan or an insurance company, but not paid by that carrier, attach originals of the *Explanation of Benefits* forms (EOB's) to establish amounts not covered under the medical/dental/vision plan.
2. For all other reimbursable expenses, originals of all bills (not just statements or cash register receipts) must be attached which show who (name and address) rendered the service, reason for the charge and date and amount of that charge. Cancelled checks are not acceptable receipts. Cash register receipts may be submitted only for over the counter items.
3. Complete the Employee Certification below and submit this form, along with the appropriate documentation and completed CSU, Chico Research Foundation check request to the CSU, Chico Research Foundation Administrative office at the address below or on-campus Zip 246.

### **EMPLOYEE CERTIFICATION**

I certify that all items requested to be reimbursed comply with the CSU, Chico Research Foundation FLEX Plan program and such items have not and will not be covered by any other plan or program of any employer or other person. The CSU, Chico Research Foundation does not accept responsibility for direct payment to any individuals other than the employee.

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

\_\_\_\_\_  
Date