

FLEX ACCOUNT

Expense Substantiation Form

EMPLOYER NAME

(PLEASE PRINT)

HOW TO PREPARE THIS FORM

USE THIS FORM ONLY IF YOUR AXIS MASTERCARD® DEBIT CARD WAS USED TO PAY FOR THIS EXPENSE AND YOU RECEIVED A REQUEST FOR SUBSTANTIATION.

STEP 1: Complete all employee information. This form will be processed electronically. Print clearly and only in the spaces provided.

STEP 2: Complete transaction information.

STEP 3: Sign and date the substantiation form and attach proof of expense. Bills, statements, or detailed receipts are required proof of expense(s). CREDIT CARD RECEIPTS AND BALANCE FORWARD STATEMENTS ARE NOT ACCEPTABLE FORMS OF EXPENSE DOCUMENTATION.

IMPORTANT: Always send the substantiation form followed by its supporting documentation or receipts. Retain a copy for your records.

EMPLOYEE INFORMATION

REQUIRED - MUST COMPLETE ALL SECTIONS

SSN	DOB		
Last Name	First Name	MI	
Address			<input type="checkbox"/> Check if this is a change in address
City	State	Zip Code	
Daytime Phone #	Home Phone #	Email Address	

TRANSACTION INFORMATION

Merchant Name	Transaction Date	Amount

CERTIFICATION

CERTIFICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

I certify that the expenses listed above qualify for reimbursement and have been incurred by me or by eligible members of my family. These expenses have not been reimbursed by any other plan(s). I further certify that if the above expenses are not eligible I will remit payment in the amount of the ineligible expense to the plan. Additionally, these expenses are not being claimed as tax deductions under IRS code. Bills, statements or other proof of the expenses are attached:

Participants Signature

Date

To submit your receipts, fax to: 800-476-8496 or mail to: Axis Claims Processing, 12400 SE Freeman Way, Suite 102, Portland, OR 97222. For more information: call 888-417-2947 or visit www.axisflex.com

COMPLETE WHEN FAXING YOUR CLAIM

Date	# of Pages	Return FAX #
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