



Donley & Company, Inc.  
6330 East 75th St., Suite 106  
Indianapolis, IN 46250

# REQUEST FOR REIMBURSEMENT FROM EMPLOYEE FLEXIBLE BENEFIT ACCOUNT

Please complete applicable spaces on this form, attach appropriate bills and receipts and forward to DCI.

Employer \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Number/Street City State Zip

Mail check to me at  my home address  
 my employer's address

To the best of my knowledge and belief, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I authorize my Flexible Benefit Account to be reduced by the amount of reimbursement requested.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_