FOUNDATION HEALTH PARTNERS

Employee Expense Reimbursements

Payable To: _____

Preferred Name _____

Employee Number _____

Address	
Address	
City	
State/Zip	

Please be advised that reimbursements now default to the payment option in which you receive your paycheck. For your convenience you may opt out of direct deposit, one time, upon request. Reimbursements will now process on Wednesdays and should be in you bank account in 2 days after processing.

Amount:	
Cost Center:	
Expense Code:	

Description:

DISBURSEMENT CERTIFICATION

I/We certify that this disbursement or expenditure(s) is/are true and correct and that the requested supporting documentation is attached

Date:	**Requested by:**

Date:	**Approved by: (Supervisor)**

MANUAL CHECK AUTHORIZATION

Please note additional authorization is needed from your administrative representative prior to requesting a manual check.

Date:	**Administrator Approval:**

Please email the completed and approved form along with receipts to accountspayable@foundationhealth.org