EMPLOYEES BENEFITS COUNCIL
Flexible Spending Account
PO Box 24087
Oklahoma City, OK 73124

Name:
Street:
City, St zip:

Receipt Attached

Attached is the required additional documentation for your records for my debit card purchase. This documentation includes an itemized receipt or Explanation of Benefits (EOB) to fulfill the IRS Regulations requiring the following information:

-Provider Name
-Service(s) Received or Item(s) purchased
-Date of service
-Amount of expense incurred

I am being proactive by faxing or mailing this notice plus the documentation required to the address above. Our fax number is (405) 609-3476.

If this was not a qualified expense I am attaching a check to repay the account.

Thank you,

Member Name: Date: