

Reimbursement Claim Form

EMPLOYER NAME: _____

SECTION A - Employee Information (PLEASE PRINT)

EMPLOYEE NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS IF CHANGED SINCE LAST REIMBURSEMENT		CITY	STATE	ZIP CODE

Instructions

1. For medical/dental expense claims that were submitted to a medical plan or an insurance company but not paid by the carrier, attach copies of other insurance carrier claim and/or payment forms (explanation of benefits forms) to establish amounts not covered under the medical/dental plan.
2. For all other reimbursable expenses, copies of all bills must be attached which show who (name and address) rendered the service, reason for charge, date, and amount of charge. Canceled checks are not acceptable receipts.

SECTION B - Health Care Expense Reimbursement (PLEASE PRINT)

Dates of Service/Purchase	Name of Person Receiving Service	Name of Provider of Service	Type of Service/Supply Provided	Expenses Incurred
TOTAL				

SECTION C - Dependent Care Expense Reimbursement (daycare)

Date of Service	Full Name of Person(s) Receiving Service	Relationship to Employee	Age(s)	Expenses Incurred
TOTAL				

SECTION D - Provider Information (for Dependent Care only)

For expenses to be eligible this section must be <u>completed and signed by the Provider</u> of dependent care services.		Total expenses incurred for services rendered to the individual(s) on the date(s) specified in Section C.		TOTAL
PROVIDER NAME	TAX I.D. NUMBER OR SOCIAL SECURITY NUMBER	PROVIDER SIGNATURE	DATE	

SECTION E - Employee Signature

I certify that the expenses listed above have been incurred by me and/or my eligible dependents and qualify for reimbursement. These expenses have not been reimbursed and are not reimbursable under my major medical plan or any other health plan, such as an individual policy or my spouse's or dependent's health plan. I understand that the expenses for which I am reimbursed may not be used to claim and Federal income tax deduction or credit.

EMPLOYEE SIGNATURE	DATE
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RETURN THIS FORM TO:

Royale Resources
154 1st Ave South
Perham, MN 56573

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Fax: 218-346-8201
E-Mail: rhondao@royaleresources.com