



Counseling Services Reimbursement

Instructions

Attach the **original** paid receipt(s) or the insurance provider’s explanation of benefits (EOB). Canceled checks or copies of receipts will not be accepted as proof of payment. Once form is complete, submit with original documentation to University Human Resources(UHR) for processing. This reimbursement is available to all full-time faculty and staff, and their eligible dependents (i.e., a child under the age of 24 who is either a full-time student or an IRS eligible dependent). **Receipts for services rendered must be submitted to UHR before December 31 of the same calendar year in order to be eligible for reimbursement.** Requisitions for reimbursement will be processed at the end of each month. Complete program guidelines can be found on the [Counseling Services Reimbursement Program](#) page.

Employee Information

Employee Name: _____ Employee ID#: _____

Services were provided for: Employee Spouse Eligible Dependent

If services were provided for a dependent child, please provide the following information:

Name: _____ Full Time Student: Yes No

Date of Birth: _____ IRS Eligible: Yes No

Age: _____

Eligible Expenses

List expenses for which you are seeking reimbursement and attach all receipts.

DATE EXPENSE INCURRED	AMOUNT OF ELIGIBLE EXPENSE	PAID TO

Employee Printed Name _____

Employee Signature _____ Date _____

UHR Review

Date Received: _____ UHR initials _____

Notes: