

**NWACC
Expense Voucher**

This is to certify that I have incurred the below listed expenses in the amounts shown during the time frame ranging from _____ to _____ and that these expenses qualify for reimbursement under the provisions of my employer's Section 125 Cafeteria Plan. I understand that these expenses may not be claimed on my income taxes at the end of the year.

Qualified Medical Expenses: \$ _____

Dependent Child Care Expenses: \$ _____

Voucher Total: \$ _____

Employee's Name: _____ **Signature:** _____

Address: _____

Last 4 digits of Employee's SSN: xxx-xx- _____ **Date:** _____

Please Send Proof Of Payment With This Voucher To:

FlexCo, Inc.
1225 Breckenridge Drive, Suite 102
Little Rock, AR 72205
1-800-552-3605 PHONE
501-223-9034 FAX
flexcoinc@sbcglobal.net EMAIL

Keep A Copy For Your Records