

Sumlar Therapy Services
Reimbursement Claim Form

Name of Purchaser: _____

Date of Purchase: _____

Items Purchased from: _____

Please list items purchased below:

Item	Price	Tax	Total
Total Reimbursement Due			

Please staple receipt(s) in the space below, with purchased items highlighted.

Reimbursement will be made in the paycheck following submission of reimbursement form.