



Fax 801-355-0928      PO Box 698  
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**Claim Form for SmartFlex Card Transactions**

**Employee Name:**

**SS#:**

**Claim Amount:**

**Expense Date:**

**Plan Name:**

**Please Attach Itemized Receipts Below and Fax or Mail to NBS**

Attach Documentation Here

**The IRS requires all debit card transactions to be reviewed for eligibility.  
Please keep all debit card receipts for claim eligibility.**