CREIGHTON UNIVERSITY
BUSINESS EXPENSE PAYMENT ACCOUNT CLAIM FORM

SEND TO: PayFlex™ Systems USA, Inc.,
PO Box 3039
Omaha, NE 68103-0039

Employee Information (Please check if this is a new address☐)

SS# _____-_____-_____

Name _____
(Last) (First) (MI)
Address_____City_____State_____Zip_____

Business Expenses

Paid To	Incurred Date	Business Purpose i.e., travel, phone, etc.	Amount Requested

(Attach receipts whenever possible. If no receipts are available please complete the purpose section of this form)

I request reimbursement from my Business Expense Account as listed above and certify that these are legitimate expenses which I have incurred. I understand expenses must qualify as deductible expense for Federal income tax purposes, must be related to the employer's business, and cannot be reimbursed by any other source or used as a deduction on my personal income tax return(s).

_____ _____
Date **Employee Signature**

RETURN TO PLAYFLEX™SYSTEMS USA, INC., - MAKE COPY FOR YOUR RECORDS