



MORTON UNIT SCHOOL DISTRICT 709

1050 S. Fourth Ave, Morton, IL 61550-2596 309-263-2581 Fax 309-266-6320

**HEALTH CARE EXPENSE REIMBURSEMENT PROGRAM
CLAIM FORM**

EMPLOYEE _____
(Please Print)

ADDRESS _____
(Please Print)

BUILDING LOCATION _____

DATE _____

EMPLOYEE SIGNATURE

Employer completes this area.

Amount of reimbursement: _____
Reimbursement Date: _____
Approved by: _____

Return completed form to Amy Zimmerman @ the District Office