

Company Name
Reimbursement Detail Report
MM/DD/YYYY - MM/DD/YYYY

SUMMARY

DIVISION: Division 1

Reimbursement Summary by Plan

MM/DD/YYYY - MM/DD/YYYY

Plan	Amount	Number
FSA	\$45.64	1
Total:	\$45.64	1
Division Total:	\$45.64	1

DIVISION: Division 2

Reimbursement Summary by Plan

MM/DD/YYYY - MM/DD/YYYY

Plan	Amount	Number
DCA	\$108.46	1
Total:	\$108.46	1
Division Total:	\$108.46	1

Grand Totals

Reimbursement Summary by Plan

MM/DD/YYYY - MM/DD/YYYY

Plan	Amount	Number
DCA	\$108.46	1
FSA	\$45.64	1
Total:	\$154.10	2
Grand Total:	\$154.10	2

DETAIL

DIVISION: Division 1

* Voided checks and failed EFT transactions are not represented in this report.

Company Name
Reimbursement Detail Report
MM/DD/YYYY - MM/DD/YYYY

MM/DD/YYYY - MM/DD/YYYY

Plan: FSA

Identifier	Last Name	First Name	Claim No.	Reimb. Date	Amount	Method
123456789	Washington	George	Company123456P0000001	MM/DD/YYYY	\$45.64	DD
					Total:	\$45.64
					Total:	\$45.64

DIVISION: Division 2

MM/DD/YYYY - MM/DD/YYYY

Plan: DCA

Identifier	Last Name	First Name	Claim No.	Reimb. Date	Amount	Method
987654321	Jefferson	Thomas	Company123456P0000002	MM/DD/YYYY	\$108.46	DD
					Total:	\$108.46
					Total:	\$108.46

Key	Method
CK	Check
DD	Direct Deposit
RD	Reimbursement Debit Card
DC	Debit Card
PK	Provider Check
PEFT	Provider EFT

* Voided checks and failed EFT transactions are not presented in this report.

Payment No.
0000012345

Payment No.
0000012346