

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

**SUMMARY**

**DIVISION: Division 1**

**Reimbursement Summary by Plan**

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MM/DD/YYYY - MM/DD/YYYY

<b>Plan</b>	<b>Amount</b>	<b>Number</b>
FSA	\$45.64	1
<b>Total:</b>	<b>\$45.64</b>	<b>1</b>
<b>Division Total:</b>	<b>\$45.64</b>	<b>1</b>

**DIVISION: Division 2**

**Reimbursement Summary by Plan**

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MM/DD/YYYY - MM/DD/YYYY

<b>Plan</b>	<b>Amount</b>	<b>Number</b>
DCA	\$108.46	1
<b>Total:</b>	<b>\$108.46</b>	<b>1</b>
<b>Division Total:</b>	<b>\$108.46</b>	<b>1</b>

**Grand Totals**

**Reimbursement Summary by Plan**

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MM/DD/YYYY - MM/DD/YYYY

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

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Plan	Amount	Number
DCA	\$108.46	1
FSA	\$45.64	1
<b>Total:</b>	<b>\$154.10</b>	<b>2</b>
 <b>Grand Total:</b>	 <b>\$154.10</b>	 <b>2</b>

DETAIL

DIVISION: Division 1  
MM/DD/YYYY - MM/DD/YYYY

Plan: FSA

Identifier	Last Name	First Name	Claim No.	Reimb. Date	Amount	Method	Payment No.
123456789	Washington	George	Company123456P0000001	MM/DD/YYYY	\$45.64	DD	0000012345
					Total:		\$45.64
					<b>Total:</b>		<b>\$45.64</b>

DIVISION: Division 2  
MM/DD/YYYY - MM/DD/YYYY

Plan: DCA

Identifier	Last Name	First Name	Claim No.	Reimb. Date	Amount	Method	Payment No.
987654321	Jefferson	Thomas	Company123456P0000002	MM/DD/YYYY	\$108.46	DD	0000012346
					Total:		\$108.46
					<b>Total:</b>		<b>\$108.46</b>

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

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