



HRPro

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FSA Debit Card Receipt Form

Toll Free Fax Number 1-888-9898-FAX

Please complete and send this form along with receipts to verify expenses **using the Benefits Debit Card.**

All receipts must include a **detailed description** of the products or services obtained.

Employer Name:	
Employee Name (Last, First, MI):	
Last 4 digits of SSN:	XXX-XX-
Daytime Phone Number:	
Email Address <i>(to be used for claim correspondence only)</i>	
Description of Expenses:	

Submit receipt(s) within 10 days of purchase using one of three ways:

1. **MAIL** completed form and all receipts to:
HRPro Claims
1025 N. Campbell Road
Royal Oak, MI 48067
2. **FAX** this form along with receipt(s) to (248) 543-2296 or 1-888-9898-FAX
3. **EMAIL** scanned copies of receipt(s) with above information to claims@hrpro.com.