

Port of Toledo
 Employee HRA Reimbursement Request
 Due by the 2nd Wednesday of the month

Employee: _____

Month/Year _____

Date	Amount (\$)	Receipt/EOB Attached? (✓)	For Administrative Use (initial each line)	
			Eligible Expense?	Eligible Expense?

Total Requested \$

Signature _____ Date _____

For confidentiality purposes a copy of this form will be made for check processing and approvals
 Original form will be filed in personnel files.