

**2023 CSA Incentive Program**

REIMBURSEMENT REQUEST FORM

January 1, 2023 – July 31, 2023

Employee Name: **Click here to enter text.**

Cost of CSA Purchased: **Click here to enter text.**

Date Purchased: **Click here to enter a date.**

Original Itemized Receipt Attached

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to Kait in HR, kskogsta@hcrs.org, or fax to 802-886-4530.

**HR USE ONLY:**

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_