

Office Use Only

*C&K Market, Inc.*  
**Claim For Reimbursement**  
2010

I request reimbursement for the following eligible expenses:

EMPLOYEE NO: \_\_\_\_\_ EMPLOYEE NAME: \_\_\_\_\_  
(Please Print)

**Please attach supporting documents**

<b>MEDICAL EXPENSES</b>		
SERVICE DATE	\$ AMOUNT	DESCRIPTION
<b>TOTAL</b>		

  

<b>CHILDCARE EXPENSES</b>		
SERVICE DATE	\$ AMOUNT	NAME, ADDRESS & SSN OF PROVIDER
<b>TOTAL</b>		

I certify that these expenses have been incurred during **2010** and during the period I have been a Participant in the Plan. Further, that I have **attached herewith supporting documents** such as insurance "Explanation of Benefits" form, receipts, vouchers, etc. to corroborate these expenses. I certify that I have not previously, nor will I be, reimbursed for these expenses from the Plan, insurance, or any other source, nor will I take any such expenses as an income tax deduction or tax credit on my personal income tax return.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participants' Signature