



**Taylor Gerber
& Associates Ltd**
ACCOUNTING AND TAX SERVICES

**12 Athur St S
Elmira, On N3B 2M5
Tel 519 210 0191
Fax 519 210 0170**

EMPLOYEE CLAIM FORM

FOR THE PERIOD OF _____

Employer: _____

HBP # _____

Employee Name: _____

Please complete all areas, including your signature. Ensure all original receipts are included

Item #	Date of Expense	Patient Name	Type of Expense (dental etc)	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Total Claims \$ _____.

I hereby authorize the release of any information or records of claim to the Taylor Gerber & Associates Ltd and certify that the information given is true and correct to the best of my knowledge.

Employee Signature: _____ Date ____/____/____ dd / mm / yyyy

Your file will be confidentially kept at Taylor Gerber & Associate Ltd at 12 Arthur St S Elmira, Ontario N3B 2M5