



# Debit Card Substantiation Form



**Baltimore County Public Schools**  
**Plan Year: 9.1.08 – 8.31.09**

**4Z BCPS**

<b>Employee First Name</b>	<b>Employee Last Name</b>
<b>First 5 digits of Employee ID No.</b>	<b>Daytime Phone #</b>
<b>Home Address</b> <input type="checkbox"/> Check here if new address	
<b>E-Mail Address</b> <input type="checkbox"/> Check here if new address	

Debit Card Purchases			
Date of Debit Card Transaction	Provider/Vendor	Recurring Expense?	Amount
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Substitute Receipt(s)	
<input type="checkbox"/>	Please use the attached substitute receipt(s) for eligible expenses of equal or greater value to satisfy the above transaction. Receipt(s) will only be applied up to the amount of the transaction. Any excess will not be reimbursed or applied to future transactions.

Debit Card receipt substantiation may be submitted by one of the following methods:	
<b>E-Mail:</b> debitcard@hfsbenefits.com	<b>E-Mail Instructions:</b> Scan a completed Debit Card Substantiation Form and receipt and e-mail to HFS Benefits.
<b>Fax:</b> 410.771.5533 888.510.4218	<b>Fax Instructions:</b> Make a copy of the receipt and fax a completed Debit Card Substantiation Form to HFS Benefits.
<b>Mail:</b> HFS Benefits Debit Card Compliance P.O. Box 1550 Hunt Valley, Maryland 21030-1550	<b>Mail Instructions:</b> Mail a completed copy of the Debit Card Substantiation Form and receipt to HFS Benefits

**Reminders:**

- ✓ Make copies of the personalized Debit Card Substantiation Form.
- ✓ Credit Card receipts cannot be accepted as receipts.
- ✓ Receipts from the provider must show description of the purchase and a date of service.
- ✓ Do not use a highlighter on the submission. (appears black on a fax)
- ✓ Do not send original receipts. Copies of all receipts should be on 8.5" x 11" paper.

Ineligible Expenses
If you have purchased ineligible items with your Flex Debit Card, please mail a check payable to your Employer for the amount of the ineligible expenses. This amount will be credited back to your account for future use.
<b>Mail Checks to:</b> HFS Benefits Debit Card Compliance P.O. Box 1550 Hunt Valley, Maryland 21030-1550