

**Cleveland-Cliffs
Cleveland Works
Smoking Cessation 2021
Request for Disbursement
HOURLY**

Instructions: (Please Read Carefully)

- Expenses submitted for reimbursement must be documented.
- Attach all documentation securely to the form. Retain a copy for your records.
- You may only submit a form for reimbursable expenses once.
- Complete all information and sign the certification statement in Section III.

I. Employee Information

Employee Last Name	First Name	M.I.	Clock Number
Mailing Address (Street) (City) (State) (Zip Code)			

II. Receipt for Smoking Cessation

Provider of Service	Service Date From	Total Charge	Amount to be Reimbursed
TOTAL			

III. Certification

I certify that the expenses for which I am requesting reimbursement were incurred for services or products received by me and I have not been reimbursed for these expenses in any other way.

I understand that reimbursement of these expenses should be requested and made only after I have collected all documentation for eligible expenses that are covered under the Smoking Cessation program. A doctor's order is not required under the program.

I understand that reimbursement will be made in accordance with the provisions of the Smoking Cessation Program.

Employee Signature _____

Date _____

Department _____

Telephone Number _____

HR/Payroll Approval _____

Date _____