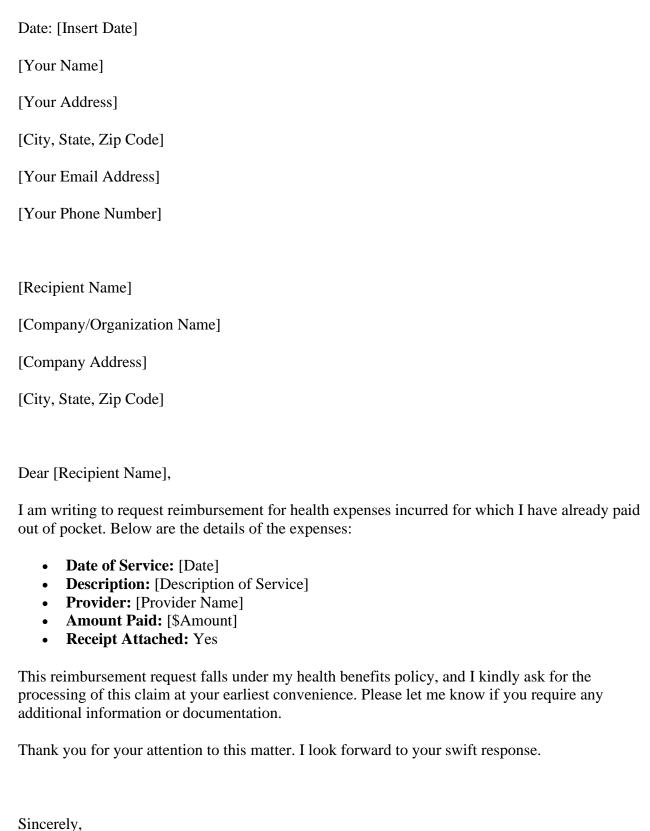
Health Expense Reimbursement Application



[Your Name]