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Health Savings Account Expense Record

[This form may be copied for your personal use]

Reimbursement Period: _____

(Note: This can be monthly, quarterly, semi-annually or annually as you desire)

Date of Expense	Medical Expense Description	Personally paid date	Amount	Subtract Insurance Reimbursement checks received	Total to reimburse myself: (write HSA check payable to myself to deposit into my personal account)	Date reimbursed from HSA
				(\$)		
				(\$)		
				(\$)		
				(\$)		
				(\$)		
				(\$)		
				(\$)		
				(\$)		
				(\$)		
				(\$)		
Totals:						

Certification: I understand that it is my responsibility to keep all personal records and tax receipts. I also understand that:

- 1) 100% of my net out-of-pocket expenses are qualified medical expenses under Section 213(d) of the Internal Revenue Code;
- 2) all expenses have been occurred by either me and/or my spouse or eligible dependents of my HSA;
- 3) these expenses have not been reimbursed by any other plan or source.

For more information about qualified medical expenses, we recommend reviewing **IRS Publication 502**, available at www.irs.gov, or talking with your tax advisor.