

To: Pamela, Accounting

From: Amy, Benefits

Date: _____

Subject: Check Request

Name of Company: Beyond Benefits, Inc. **V# 113580**

P.O. Box 681569

Franklin, TN 37068 - 1569

Amount of Check (s)

Purpose:

MedFSA Claims _____

MedFSA Monthly Admin Fee _____

DCAP _____

DCAP Monthly Admin Fee _____

DCAP

03(IBA51000 559900) _____

06(IBA51000 559900) _____

09(IBA51000 559900) _____

County (IBA61000 559900) _____

Hwy (IBA61500 559900) _____

Fees

School (IBA51000 539900) _____

County (IBA61000 539900) _____

Hwy (IBA61500 539900) _____

MedFSA

03(IBB51000 559900) _____

06(IBB51000 559900) _____

09(IBB51000 559900) _____

County (IBB61000 559900) _____

Hwy (IBB61500 559900) _____

Med FSA Fees

School (IBB51000 539900) _____

County (IBB61000 539900) _____

Hwy (IBB61500 539900) _____