# NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.
## REQUEST FOR FLEXI-FRINGE REIMBURSEMENT
(Complete all but shaded areas)

Accounts Payable Department
1050 Massachusetts Avenue
Cambridge, MA  02138

| VENDOR NUMBER | CHECK NUMBER | CHECK DATE |
|---|---|---|
| | | |

**YOUR NAME**

**ADDRESS**

**ADDRESS**

**CITY, STATE, ZIP**

CHARGE THE FOLLOWING ACCOUNTS:

| PROJECT NAME | PROG. | | PROJECT | | | | SUB | | YEAR | SOURCE | | PI | | | OBJECT CODE | | | | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | |
| Flexi-Fringe Payable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | |
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TOTAL AMOUNT OF CHECK   $

EXPLANATION
**Flexi-Fringe reimbursement for plan year:    20 __ __**

**Dependent Care claims subtotal**   $

**Optional Benefit (Medical) claims subtotal**   $

PERSON REQUESTING CHECK   **In signing this I certify that these expenses are not being reimbursed by any other organization.**   DATE

HR APPROVAL SIGNATURE   DATE

APPROVAL SIGNATURE   DATE

Revised 2/2009