



Multiple Employee Summary Claim Form

Please Select Province

EMPLOYER		
Employee Name / Family Member		Expense Total
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
Total Claims		A
Administration Fee = 10% of A + (*\$10.00 if Company Claims Less than \$500.00)		B
G.S.T./H.S.T = % of Administration Fee (B)		C
For Ontario Businesses Only: 2% Premium Tax on A + B		D
A + B + C + D (if applicable) = Total Due		

*A \$10.00 Processing fee will be charged per company claim if the total claims portion (A) (for all of the employees) is under \$500.00.

Please attach a Company cheque for the Total Due made payable to: **CustomCare Inc.**

Please ensure all employees sign their individual claim form and attach each employees receipts to their individual claim form. We recommend that you keep a copy of this form for your company records.

CustomCare Inc.

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