

**TOMPKINS CORTLAND COMMUNITY COLLEGE
PRESCRIPTION REIMBURSEMENT**

PAY TO: _____

DATE: _____

DEPT./BUDGET CODE EXPENSE REQUIRED:

PRESCRIPTION REIMBURSEMENT _____

Payment verification and co-pay utilization verification must be attached. Members can call the ProAct Help Desk to request a utilization report at 1-877-635-9545.

Director of Human Resources

REQUESTED BY: _____
(Signature Required) _____

