

U.S. Breastmilk Shipping Reimbursement Form

Employee First Name

Employee Last Name

Employee ID

Shipping Details:

Dates Covered (Start - End): _____

Number of Shipments: _____

Carrier Used (e.g., Milk Stork, FedEx, UPS): _____

Shipping Service Type (e.g., Overnight, Express): _____

Destination: _____

Reason for Shipping (e.g., Business Travel purpose):

Eligible Expenses (receipts are required for all expenses listed):

Date of Shipment	Shipping Provider	Tracking Number	Cost (USD)
Total			

Eligible expenses include expenses directly related to safely and securely shipping breastmilk from the travel location to the employee's primary residence. Please see the Servier Breastmilk Shipping Reimbursement Policy for more information. Employees must submit completed reimbursement requests within 30 days of incurring the expense.

Please reimburse me for the expenses listed above. I certify that:

- This is a claim for allowable expenses under the Breastmilk Shipping Reimbursement Policy, and
- I have not received and will not receive reimbursement for the above expenses by another employer, another benefit program, or a third party, federal, state or local program.

Employee Signature

Date