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**CITY OF KIRKLAND FINANCE DEPARTMENT ACCOUNTING DIVISION
LEOFF I MEMBER CLAIM FOR EXPENSES**

GLASSES 1st PAIR	PAID	ALLOWED
Frames	\$	
Lenses <input type="checkbox"/> single <input type="checkbox"/> bi <input type="checkbox"/> tri	\$	
Hardcote	\$	
Contacts	\$	

GLASSES 2nd PAIR	PAID	ALLOWED
Frames	\$	
Lenses <input type="checkbox"/> single <input type="checkbox"/> bi <input type="checkbox"/> tri	\$	
Hardcote	\$	
Contacts	\$	

- Copy of receipt from doctor showing payment or copy of check reflecting payment to doctor**
- Copy of insurance paperwork showing amount patient owes doctor**
- Copy of bill from doctor**
- For Medicare reimbursements, copy of monthly withdrawal statement or year-end statement is all that is needed**

**New mailing address?
Please let us know**

**If you have questions, please call Betsy Reali
at 425.587.3213**