

EMPLOYEE MATERIALS
BENEFIT STATEMENT SAMPLE

Employee: Complete lines 1-5 and sign on line 9, deliver to Manager

Manager: Complete lines 6-8 and deliver to Doctor

1. Date: _____

2. Employee Name: _____

3. Family Member to receive Materials: _____

4. Item Description: _____

5. Vendor Company Name: _____

6. Total Retail Cost: \$_____

7. Total Invoice Cost (include shipping if applicable): \$_____

8. Total Cost to Employee: \$_____

(Employee = actual invoice cost; Spouse and/or dependents = actual invoice cost + 20%)

9. _____

Employee

10. _____

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