

Online Claim Submission

Code: AOO
Employer: Scarborough School Dept
EmpID: 000003715
EmpName: Keay, Erica
Submitted: January 23, 2023
Batch: 29990663
Claim Total: \$15.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	9/27/2022	RX	\$15.00	Provider: Hannaford Pharmacy. For whom: Devan Keay.

Hannaford

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(207) 839-6553 - www.hannaford.com

PHARMACY

RX COPAY - CASH	0.00	#
RX COPAY - CASH	15.00	#
2 BALANCE DUE	15.00	
Debit Card	\$15.00	

MID: 0101508
RRN: 362466

SALE

XXXXXXXXXXXX3391
US DEBIT Entry Method: Chip
09/27/2022 16:49:23
INVOICE: 362466
Account Type: Primary
Trace #: 00000178 Lane #: 36
USD\$ 15.00
Total: 114798
APPROVED
US DEBIT AID: A000000980840
TVR: 8000048000
TSI: 6800

CHANGE 0.00

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PIN: 0927835000362652

FSA Eligible Total \$15.00

STORE: 08350 REGISTER: 036 CASHIER: 0280
TICKET#: 2652 27SEP2022 16:49:28
Thanks for shopping at Hannaford!

Dave Cole Store Manager

Questions or comments?

E-mail dcole@hannaford.com

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