Dixor

Claim R

Total Reimbursements

Reimbursements (ACH):	$208.33
Total Amount:	$208.33

Summary

2026 Reimbursement Accounts	
2026 Dependent Care	$208.33

ı Public School Dist 170

eimbursement Notification

08/03/2026

Dixon Public School Dist 170

Claim Reimbursement Notification

08/03/2026

2026 Reimbursement Accounts

Plan: 2026 Dependent Care Account

Identifier	Last Name	First Name	Amount	Method	Payment No
985214918	Nettz	Madeline	$208.33	Direct Deposit	0000236457
		Total:	**$208.33**		

Effective Date

08/03/2026