PDF Detail with Partial SSN (InvoiceDetailPDF.pdf)

FSA FEDS
Save On Health & Dependent Care

OFFICE OF PERSONNEL MANAGEMENT
Jane Doe
9877 Anystreet Drive
Anytown, FS 58585

Invoice #: 140049
Invoice Date: 03/31/2004
EIN 61-1169763
Terms: Net 30 Days

SUBAGENCY NAME 1

HealthCareFSA

SSN	FirstName	LastName	Effective Date	Elected Amount	Admin Fee	Risk Amount	Amount Due
***-**-5757	Jane	Doe	01/2004	$ 400.00	$ 48.00	$ 42.00	$ 90.00
***-**-8837	John	Smith	03/2004	$ 800.00	$ 40.00	$ 35.00	$ 75.00
DepCareFSA							
***-**-5757	Jane	Doe	01/2004	$ 5,000.00	$ 75.00		$ 75.00
***-**-8837	John	Smith	02/2004	$ 250.00	$ 3.75		$ 3.75
Invoice Total				**6,450.00**	**166.75**	**77.00**	**243.75**