

FITNESS REIMBURSEMENT CLAIM FORM

Employee: _____ Department: _____
(Print Name)

Home Address: _____

Work Status: Full or Part Time (circle one) Hours per week: _____

Amount Requested: _____
(Maximum: \$20/month for full time employees)

Complete the appropriate section based upon your payment/s to the fitness facility.

CLAIM FOR SEMI-ANNUAL OR ANNUAL PAYMENT

Claim for payment of annual membership dues. Reimbursement is paid up to a maximum of six months in advance.

You must attach a receipt from your facility or a copy of your bank statement showing the deduction of your dues.

I, _____ (insert employee name) will/have (circle one) attend/ed (insert facility name) _____ an average of eight times per month for the following months (list months)

CLAIM FOR MONTHLY PAYMENT

Claim for payment of monthly membership dues. Reimbursement is paid **quarterly** (every three months) or greater.

You must attach a receipt from your facility or a copy of your bank statement showing the deduction **for each month** of your dues.

I, _____ (insert employee name) have attended (insert facility name) _____ an average of eight times per month for the following months (list months)

All claims for the current calendar year are due to the Human Resources Department no later than the last working day in February of the following calendar year. (Ex: January – December 2019 reimbursement deadline is February 29, 2020.)

REMINDER: Attach proof of payment (Receipt or Bank Statement/s).

Employee Signature

Date