**Fitness Facility Reimbursement Form**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost Center \_\_\_\_\_\_\_\_\_ Employee ID \_\_\_\_\_\_\_\_\_\_\_\_**

**Specified Period**

🞏 May – October – **(payout month November)**

🞏 November – April - **(payout month May)**

**Name of public fitness facility** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subscription**  
🞏 Monthly $ \_\_\_\_\_\_\_\_\_\_

🞏 Annual $ \_\_\_\_\_\_\_\_\_\_

Forms must be hand-delivered to the Office of Human Resources by the **10th** of the payout month and must include proof of payment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office of Human Resources – Internal Use Only**

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid Proof of Payment 🞏YES 🞏 NO

Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplier ledger check by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount approved for reimbursement $\_\_\_\_\_\_\_\_ Amount paid in current FY $\_\_\_\_\_\_\_\_\_\_\_\_\_  
\*reimburse one-half or up to $10 per month, whichever is less; not to exceed $120 per fiscal year

**Finance Department - Internal Use Only**

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_