



**HEALTH CLUB
REIMBURSEMENT REQUEST FORM**

Submit completed reimbursement form with attached receipts to payroll

EMPLOYEE NAME: _____

DATE OF REQUEST: _____

DEPARTMENT: _____

Health Club Information

ATTACH RECEIPTS	Calendar Year mm/yyyy	Club Name	City	\$ Amount	
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

Total amount being claimed \$ _____

I certify that the information on this form and all supporting documents are complete, accurate and unaltered.

Employee Signature Date

Department Manager Signature Date

General Manager Signature Date

PAYROLL USE
YTD _____
PAY DATE _____