



**REIMBURSEMENT FORM
FOR HEALTH CLUB MEMBERSHIP**

After completing all required fields, please click the submit button to have OHR process your request.

NAME

DEPT

HEALTH CLUB

AMOUNT PAID

AMOUNT ELIGIBLE FOR REIMBURSEMENT

HEALTH CLUB RECEIPT ATTACHED

The reimbursement for annual Health Club Membership is a taxable amount and will be paid to you on your next payroll check. Maximum amount reimbursable is \$100.00.

Employee Signature

Date

Verified by OHR Representative

Date