



HEALTH CLUB

REIMBURSEMENT FORM

After completing all required fields, please forward signed form to the Office of Human Resources with receipt copy. The form may be sent via interoffice mail or emailed directly to HR@westernu.edu.

NAME:

EMPLOYEE ID: @

DEPT:

HEALTH CLUB:

AMOUNT PAID:

AMOUNT ELIGIBLE FOR REIMBURSEMENT:

HEALTH CLUB RECEIPT INCLUDED?

The reimbursement for the health club membership is a taxable amount and will be paid to you on your next available payroll check. *Maximum amount reimbursable is \$100.00 per 12-month period.*

WesternU Employee Signature

Date

Verified by OHR Representative

Date