

Wellness Reimbursement Form



Employee Name: _____

Location: _____ Date: _____

Request reason: _____

Amount Paid: \$ _____ Reimbursement amount: \$ _____

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Instructions:

1. Complete above information.
2. Request reimbursements for any of the following: fitness center memberships, community walks/runs, triathlon, decathlon, classes, virtual programs, fitness equipment purchases, weight loss programs, tracking devices, nutritional courses, massages or acupuncture, state/national park passes.
3. Email completed request form and current receipt to payroll@incrediblebank.com for processing.
4. Employee **maximum of \$150 paid annually via payroll processing.**

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People Team Approval: _____ Date: _____

Amount approved for reimbursement: _____