

GYM & FITNESS PAYROLL REIMBURSEMENT TRACKER

Wellness Benefit Program

Employee Name _____

Employee ID _____

Department _____

Pay Period _____

Date	Facility / Provider Name	Type of Service/Expense	Amount Paid	Receipt?	Approved Amt	Code
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

Total Requested: _____

Total Approved: _____

EMPLOYEE SIGNATURE

Date _____

HR / PAYROLL APPROVER SIGNATURE

Date _____