

# MONTHLY WELLNESS BENEFIT CLAIM WORKSHEET

Payroll Reimbursement Template

**Employee Name:**

**Employee ID:**

**Department:**

**Claim Period (Month/Year):**

**Submission Guidelines:**

- Eligible categories include gym memberships, fitness equipment, wellness classes, and mental health services.
- Itemized receipts must be attached for all expenses listed below.
- Submit the completed and signed form to HR/Payroll by the 25th of the current month.

DATE	CATEGORY	DESCRIPTION / PROVIDER	RECEIPT ATTACHED (Y/N)	AMOUNT
<b>Total Amount Claimed:</b>				

Employee Signature Date

Manager Approval Signature Date

**FOR PAYROLL DEPARTMENT USE ONLY**

**Total Approved:**

**Date Processed:**

**Pay Cycle:**

**Processed By:**

