

QUARTERLY FITNESS AND WELLNESS SUBSIDY REQUEST FORM

Payroll Reimbursement Template

EMPLOYEE INFORMATION

Employee Full Name

Employee ID

Department

Quarter & Year (e.g., Q1 2024)

Date Submitted

EXPENSE DETAILS

Date of Purchase	Vendor / Facility Name	Description of Service / Item	Receipt Attached?	Amount
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Total Claimed Amount:				

EMPLOYEE DECLARATION

I hereby certify that the information provided above is true and correct. I confirm that the expenses claimed were incurred for my personal fitness and wellness activities in accordance with the company wellness subsidy policy, and that these expenses have not been and will not be reimbursed by any other source.

EMPLOYEE SIGNATURE

DATE

APPROVALS (INTERNAL USE ONLY)

MANAGER SIGNATURE & DATE

PAYROLL DEPARTMENT APPROVAL & DATE

Please submit this form along with all relevant receipts and proof of payment to the Payroll Department.