ANNUAL WELLNESS BENEFIT

Payroll Reimbursement Log

Employee Name:		**Employee ID:**	
Department:		**Submission Date:**	
Pay Period:		**Benefit Year:**	

DATE OF EXPENSE	WELLNESS CATEGORY / ACTIVITY	DESCRIPTION / PROVIDER	RECEIPT ATTACHED (Y/N)	AMOUNT REQUESTED	APPROVED AMOUNT (HR USE)
			Total:		

Comments / Notes

Employee Signature **Date**

HR / Wellness Coordinator Approval **Date**

Payroll Department Authorizer **Date**