

CORPORATE WELLNESS RECEIPT SUBMISSION FORM

Payroll Reimbursement Program

EMPLOYEE INFORMATION

Employee Full Name

Employee ID

Department

Email Address

CLAIM DETAILS

Date of Expense	Provider / Vendor Name	Category (e.g., Gym, Equipment, Therapy)	Receipt Attached?	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Total Claim Amount:				<input type="text"/>

EMPLOYEE ACKNOWLEDGEMENT & AUTHORIZATION

I certify that the above expenses were incurred by me for my personal health and wellness program. I confirm that these expenses are eligible for reimbursement under the corporate wellness policy, have not been previously reimbursed, and will not be claimed as a tax deduction. All attached receipts are valid and authentic.

Employee Signature

Date

HUMAN RESOURCES & PAYROLL DEPARTMENT USE ONLY

HR Reviewer Name

Approved Amount

Payroll Cycle / Pay Date

GL Account Code

Authorized Approver Signature

Date