

EMPLOYEE WELLNESS STIPEND REIMBURSEMENT FORM

Payroll & Benefits Department

Submission Guidelines: Please complete all fields below. Attach itemized receipts or proof of payment for all claimed wellness expenses. Submit the completed form to the HR/Payroll department by the designated monthly cutoff date. Wellness stipends are subject to company policy limits and tax regulations.

EMPLOYEE INFORMATION

Employee Full Name

Employee ID

Department

Email Address

Submission Date

EXPENSE DETAILS

Date of Purchase	Wellness Category	Description / Vendor	Amount
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Total Requested Reimbursement:			

EMPLOYEE ACKNOWLEDGMENT

I certify that the expenses listed above were incurred by me for my personal health and wellness as outlined in the company wellness policy. I confirm these expenses have not been and will not be reimbursed by any other source or insurance provider. I have attached all required itemized receipts as proof of purchase.

Employee Signature

Date

FOR HR / PAYROLL USE ONLY

Approved By Name

Approved Amount

Payroll Cycle / Date Paid

Authorized Signature

Date