

HEALTH & WELLNESS

Payroll Reimbursement Request Form

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

SUBMISSION DATE

REIMBURSEMENT CLAIMS

DATE OF EXPENSE	DESCRIPTION / CATEGORY (E.G., GYM, EQUIPMENT, PROGRAM)	RECEIPT ATTACHED (Y/N)	AMOUNT
Total Requested Reimbursement:			

Submission Guidelines:

- Please attach itemized receipts or proof of payment for all listed expenses.
- Wellness claims are subject to annual program limits and company policy guidelines.
- Approved reimbursements will be processed and reflected in the subsequent payroll cycle.

AUTHORIZATION & APPROVALS

Employee Signature Date

Manager Approval Signature Date

HR / Wellness Coordinator Signature Date

Payroll Processing Signature Date