



FITNESS PROGRAM REIMBURSEMENT FORM

Employee Name:		Date:	
Reimbursement Period:			
B E N E F I T	<p>In an effort to promote a healthy workforce, the City offers a Fitness Membership Reimbursement Program to help benefited employees stay motivated and achieve their fitness goals. The program offers annual reimbursement of up to \$300. To qualify and receive reimbursement, you must follow the Fitness Reimbursement Guidelines.</p>		
I M P O R T A N T	<p>Please complete this form in its entirety or the processing of your claim may be delayed. To be eligible for reimbursement, you must complete this form and send the items listed below to Payroll within 90 days of date of purchase.</p>		
	<p>1. This reimbursement form 2. A copy of your receipt for the fees you paid</p>		
	Eligible Expense	Date of Expense	
Signature			
City of Centennial Employee Signature			Date
<p><i>My signature affirms that all of the information listed above is full, complete, and true to the best of my knowledge. False statements will result in the denial of reimbursement.</i></p>			
<p><i>Payroll Use Only:</i> Date Received _____ Approved _____ Amount _____ ADP _____ Payroll Initial _____</p>			