

Date _____

Employee Name _____ Employee ID _____

Participant Name (Spouse) _____

Participant Signature _____

HR Signature _____

January—June 2020

(deadline to submit for reimbursement is July 15, 2020)



	Amount Claimed
AWC Campaign* <input type="checkbox"/> Spring Campaign \$120	
Wellness Calendar** \$20 x _____ months <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun	
Fitness Club Membership/Classes/CSA***	(max \$120)
Event Registrations & Sports League Fees***	(max \$120)
Health, Wellness, Holistic Education***	(max \$120)
Equipment***	(max \$120)



*For AWC Campaigns, print out of participation is required (see HR for details)

**Calendars for each month must be attached

***Itemized receipts or credit card receipts must be attached.



Total (Not to exceed \$180 Jan—June) _____

Maximum reimbursement per year \$360