



Health Club Reimbursement Form

As an employee of the City of Emporia you are eligible for a \$20 reimbursement for your monthly Health Club cost. To be eligible, you must attend a minimum of 8 sessions during the month and have this form signed by a representative of the health club confirming your attendance. Please complete this form and return it to the Human Resources Department.

Employee Name (Please Print)

Department

Date

My signature below acknowledges the requirement for my Health Club reimbursement. By signing I'm stating that I have met these requirements at _____ and request to be
(Health Club's Name)
reimbursed by the City of Emporia for the months of _____
(Maximum of the past 12 months)

(Employee Signature) (Date)

Health Club's Acknowledgment

My signature below signifies that I am an authorized representative of _____ and
(Health Club's Name)
I verify that the employee represented on this form has attended at least 8 sessions for each month they are requesting reimbursement.

(Representative's Name)

(Representative's Signature) (Date)