

BENEFITS EXPENSE REIMBURSEMENT FORM

All expenses must be accompanied by an itemized receipt



Employee Name: _____

Today's Date: _____

Department: _____

Hire Date: _____

Health & Wellness - Up to \$30/month for membership costs and up to \$100/year for enrollment fees

Expense Date	Membership Type / Establishment Name <i>(Gym/Yoga, Nutrition/Weight Loss Classes, Smoking Cessation)</i>	Fee Type <i>(Enrollment, Membership, Class)</i>	Amount
Health & Wellness Subtotal:			

Costco Membership - Up to \$60/year for an annual membership

Expense Date	New Membership or Renewal	Amount
Costco Subtotal:		

Race Registration - Up to \$20/year for events within Merced, Monterey, or Santa Cruz counties

Expense Date	Expense Description <i>(i.e. 5k race registration)</i>	Amount
Miscellaneous Subtotal:		

All Expenses Total:		
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Employee Signature

Date

Submit to Payroll

Expense forms must be submitted to Payroll by Thursday one week prior to payday to be included in the following week's paycheck

Payroll Signature

Date