

CAL POLY CORPORATION WELLNESS FINANCIAL INCENTIVE REIMBURSEMENT FORM

Printed Name				
Applicable Quarter				
Gym Membership Weight Loss Program Nutritional Class Fitness Equipment Fitness/Dance Class Smoking Cessation Class Personal Trainer Sport Activity Entry Fee Sport Fee Cost	<table border="1"> <tr> <th>Cost</th> </tr> <tr> <td style="height: 100px;"></td> </tr> </table>	Cost		
Cost				
Amount to be reimbursed	\$	Max \$60 per quarter		

	Year	Due Date
Summer Qtr (July, Aug, Sept)		Oct. 15
Fall Qtr (Oct, Nov, Dec)		Jan. 15
Winter Qtr (Jan, Feb, Mar)		Apr. 15
Spring Qtr (Apr, May, June)		July 15

All reimbursements must include receipts which indicate payment was made for expenses during the applicable quarter. I understand that I am not eligible to be reimbursed for payments incurred in a prior quarter and if this form is not received in HR by the 15th of the month following the end of the quarter I will not be reimbursed for that quarter. Expenses that cover multiple quarters, for example, annual gym memberships may be reimbursed up to the maximum amount each quarter provided a reimbursement form is submitted with the applicable receipt each quarter. Fitness Equipment will only qualify for reimbursement up to \$60 in the quarter it was purchased.

Signature	
Date	

Submit to CPC HR by the 15th of the month following the end of the applicable quarter