

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" style="margin: auto;"> <tr> <th style="background-color: yellow;">Cost</th> </tr> <tr> <td style="height: 100px;"></td> </tr> </table>	Cost	
Cost				
Amount to be reimbursed	\$	Max \$60 per quarter		
Description of item/service purchased:				

	Year	Due Date
Summer Qtr (July, Aug, Sept)	<input type="text"/>	Oct. 15
Fall Qtr (Oct, Nov, Dec)	<input type="text"/>	Jan. 15
Winter Qtr (Jan, Feb, Mar)	<input type="text"/>	Apr. 15
Spring Qtr (Apr, May, June)	<input type="text"/>	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