



## MMU Fitness Reimbursement Request Form

MMU employees who are enrolled at an approved fitness facility can receive up to \$360 per year reimbursement to offset a portion of the cost of individual membership. Reimbursements are paid four (4) times per year for a maximum of \$90 per 3-month period (\$30/month maximum).

Fitness Reimbursement Request Forms may be submitted in January, April, July, and October. Reimbursements will be granted for not more than the six-month period preceding a request. For example, fees paid in July 2010 must be submitted on a Fitness Reimbursement Request Form in October 2010 or January 2011 but no later (along with any accompanying documentation).

**Please submit this completed form with receipts to the Human Resources Manager.**

Employee Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

My request for reimbursement is for my membership at:

\_\_\_\_\_  
Name of Fitness Facility

\_\_\_\_\_  
Address of Fitness Facility

\_\_\_\_\_  
Phone of Fitness Facility

<p><b>AMOUNT REQUESTED AS REIMBURSEMENT:</b></p> <p>\$ _____</p> <p><b>\$90 maximum per three-month reimbursement period</b></p> <p><b>(RECEIPTS MUST BE PROVIDED)</b></p>
--

*I understand that I must be an active member of an approved fitness facility for each month that I am requesting reimbursement, and that reimbursement will be granted for no more than the six-month period prior to this request.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

<b>AMOUNT APPROVED: \$</b> _____	
_____ Human Resources Manager	_____ Date
<b>COMPLETED:</b>	
_____ Accounting representative	_____ Payroll Date