



GYM REIMBURSEMENT REQUEST FORM

Name: _____ Department: _____

Employee No ([Find it on HRWeb](#)): _____ Date: _____

Name of Gym: _____ Dates to be Reimbursed: _____

DESCRIPTION / MONTHS Enter the months you are requesting reimbursement NOTE: Attach proof of payment for EACH month	# OF MONTHS	RATE <i>(enter monthly cost, up to Max of \$16.50)</i>	TOTAL <i>(multiply # of months x \$16.50/month)</i>
<i>Example: July-Dec 2016, May-June 2017</i>	8	\$16.50	\$132.00
TOTAL (enter from above, MAX \$198)			

Did you remember to:

Include your Employee # above? You can find this on your paystub, which is available online at <https://hrweb.cityofsanrafael.org/>

Attach all your backup documentation/receipts with your name and the months you paid for clearly marked?

*Per the MOUs, this payment is reported as taxable income. Reimbursements will be paid on the July 15th paycheck.