



# GYM REIMBURSEMENT REQUEST FORM

**\*DUE BY JUNE 28, 2019\***

**DATE:** \_\_\_\_\_

**NAME OF GYM:** \_\_\_\_\_

**EMPLOYEE#:** \_\_\_\_\_

**FOR:** **JULY 2018 – JUNE 2019 GYM DUES**

**EMPLOYEE NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

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

**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?

**All request forms and backup documentation**  
**MUST be submitted to HR by June 28<sup>th</sup>**

\*Per the MOUs, this payment will be processed through payroll and is reported as taxable income. Reimbursement for receipts received by June 28<sup>th</sup> will be paid on the July 15<sup>th</sup> paycheck.