

WELLNESS REIMBURSEMENT FORM

MWHS encourages all employees to stay healthy and active. M.A.P.S. offers a wellness reimbursement to assist with a fees for fitness/wellness related programs and activities. Employees may submit receipts for purchases to HR for reimbursement up to **\$50 each calendar year**. Purchases must be made in the current year and may include things like gym memberships, step trackers, running event registration, etc.

Fill out the form below and submit it to hr@mwhs.org.



Full Name: _____

Wellness Purchase Details

Date of Purchase: _____

Item/Service Purchased: _____

Vendor/Provider Name: _____

Total Amount Paid: \$ _____

Attach a copy of your itemized receipt to this form. Acceptable purchases include, but are not limited to, fitness classes, gym memberships, wellness apps, or health-related equipment.

Employee Certification

I certify that the above information is accurate and that the attached receipt reflects a wellness-related expense I personally incurred. I understand that this reimbursement is limited to **\$50 per calendar year** and may only be submitted once annually.

Employee Signature: _____

Date: _____