



### Health Club Reimbursement Form

As an employee of the City of Emporia you are eligible for a \$20 reimbursement for your monthly Health Club cost. To be eligible, you must attend a minimum of 8 sessions during the month and have this form signed by a representative of the health club confirming your attendance. Please complete this form and return it to the Human Resources Department.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

My signature below acknowledges the requirement for my Health Club reimbursement. By signing I'm stating that I have met these requirements at \_\_\_\_\_ and request to be  
(Health Club's Name)  
reimbursed by the City of Emporia for the months of \_\_\_\_\_  
(Maximum of the past 12 months)

\_\_\_\_\_  
(Employee Signature) (Date)

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### Health Club's Acknowledgment

My signature below signifies that I am an authorized representative of \_\_\_\_\_ and  
(Health Club's Name)  
I verify that the employee represented on this form has attended at least 8 sessions for each month they are requesting reimbursement.

\_\_\_\_\_  
(Representative's Name)

\_\_\_\_\_  
(Representative's Signature) (Date)