



## Healthy Hillsboro Reimbursement Request Form

Requested by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward completed forms and receipts to HR for processing.**

Services Requested:	Amount
_____ Fitness classes	\$ _____
_____ Gym membership	\$ _____
_____ Personal Training Session	\$ _____
_____ Exercise Equipment ( <i>\$75 limit per fiscal year</i> )	\$ _____
_____ Online Streaming Fitness Classes	\$ _____
_____ Race Entry Fees	\$ _____
_____ Weight Watchers	\$ _____
_____ Other	\$ _____
<b>Total cost:</b>	\$ _____

Description of program/class requested (*for classes include duration*): \_\_\_\_\_

**\*Important Reminders:**

- *If City pays/reimburses for program and prizes are awarded, prizes must be within the ethical guidelines or forfeited.*
- *Proof of race completion is required for race entry reimbursement.*
- *Detailed proof of payment is required for reimbursement.*
- *Reimbursements are taxable income and will be reported as wages on W-2 forms.*
- *Purchases must be made during the fiscal year and while eligible under the program.*

**\*\*By choosing to participate in Healthy Hillsboro, employees and their dependents are agreeing to observe the rules and regulations of the facilities and programs provided through the program.**

*HPOA – Please see your Contract Agreement for reimbursement information and limitations.*

**Human Resources Use Only:**

HR Approver: _____	Date: _____
Amount Approved: \$ _____	Purchase Code: <u>70031000-6101</u>