



## Gym Membership Reimbursement Request Form

I certify by signing below that I visited a health club or gym and exercised. I am submitting this information for the purpose of reimbursement of my health club/gym membership fees. I choose to exercise because I want to maintain a healthy lifestyle, and this is one of many ways I can be good to myself.

Employee					Dependent				
Visit #	Health Club/Gym	Date of Visit	Length of Visit	Type of Exercise	Name	Health Club/Gym	Date of Visit	Length of Visit	Type of Exercise
<i>sample</i>	<i>Kearns Rec Ctr</i>	<i>3-Jan</i>	<i>1 hr</i>	<i>treadmill, weights</i>	<i>Julianna</i>	<i>Kearns Rec Ctr</i>	<i>3-Jan</i>	<i>1 hr</i>	<i>aerobics</i>
1									
2									
3									
4									
5									
6									
Add'l									
Visits									

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date