

Reimbursement Form: WSHG Wellness Budget FY 19



WSHG Community: _____ Date: _____ Amount to be reimbursed: _____

Wellness Liaison Submitting Reimbursement: _____

Description of Reimbursement (*if prizes or incentives, please indicate the specific wellness used for*)

Vendor (if being paid directly): _____ (W-9 forms needed for new vendors)

Check Payable to*: _____

Send check to mailing address: _____

The WSHG Wellness Budget is to be used to fund programs, during FY 19, which improve the health of WSHG employees. Examples of reimbursable expenses include:

Fitness Classes: boot camp classes, yoga, Pilates, exercise classes

Wellness Seminars/Presentations/Demonstrations: nutrition, stress management, better sleep seminars, exercise demonstrations, meditation classes, recreational clinics

Raffle or Incentive Prizes: to promote participation or award participation in a specific wellness program (please indicate on line provided above)

Chair Massages: 5 - 10 minute stress management at the workplace

Fitness Equipment: for use at the workplace

Environmental/Ergonomic Equipment: standing desks, stability discs for chairs

Health Fair Expenses: *healthy* snacks/lunches, screenings, give-aways, incentives, seminars

Wellness Events: pre-approved through Wellness Committee

For assistance in determining if an expense is reimbursable under the WSHG Wellness Budget, please contact Michele Craemer, WSHG Wellness Coordinator: mbcraemer@gmail.com

Please e-mail this **completed form**, with all **receipts** (or **invoices** if payment is going directly to vendor and **W-9 Form** if the vendor is new to WSHG), by the 12th of the month to: Michele Craemer, WSHG Wellness Coordinator at: mbcraemer@gmail.com

(*Note: Please cash or deposit check upon receipt.)