

FITNESS REIMBURSEMENT FORM – RACE EVENT



1. Complete the Associate Information & Signature portion of the form.
2. **Include with this form a receipt of your payment/registration and proof of participation (i.e. copy or actual race bib or print off of your results).**
3. Return this form and necessary documents to the Benefits Department no later than one week after the race event

NOTES:

- Reimbursements are made after the race event is complete and proof of participation and payment are provided. If you have question on whether documentation is appropriate please contact Ali Radke.
- All reimbursements are subject to applicable federal, state, and local taxes.

ASSOCIATE INFORMATION

Name: _____

Associate ID: _____

Facility Location: _____

RACE INFORMATION

Race Event Name: _____

Type of Event: (i.e. running, biking, triathlon, etc...) _____

Race Location (City, State): _____

Registration Cost: (does not include additional costs i.e. travel, meals, lodging, etc....) \$ _____

Bib Number: _____

SIGNATURE

Signature of Associate: _____

Date: _____

GRANDE HR USE ONLY

Date Received: _____ Membership Year: _____

New Enrollee: Y/N

*** Reimbursement is applied after the race event is complete and you show proof of participation and payment. Proof of payment must include a copy your registration receipt, (paper registration or online registration print out). Proof of participation may include a copy of your race bib, your actual race bib, or print out of your race results.**

If you do not have these documents or question if certain documentation would be acceptable, please contact Ali Radke at ali.radke@grande.com or ext. 1382