

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) and return to the Benefits Department within five (5) business days after the date of 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 Bekah Wegner.
- 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.**

Contact: Bekah Wegner - Rebekah.Wegner@grande.com - (920) 952-7371