

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