

FITNESS REIMBURSEMENT FORM –



RACE EVENT

To enroll in this benefit, include with this form the following:

- A receipt of your payment/registration
- Proof of participation (i.e. copy or actual race bib or print off of your results) and return to the Benefits Department within ten (10) business days after the date of the race event.

** Complete the *Associate Information, Race Information & Signature* portion of the form.

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 Haleigh Lenz.
- 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:
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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: Haleigh Lenz – Haleigh.Lenz@grande.com - (920) 952-7371