



Healthy Hillsboro Reimbursement Request Form

Requested by: _____ Department: _____ Date: _____
Employee ID #: _____

Please forward completed forms and receipts to HR for processing.

Services Requested:	Amount
_____ Ergonomic Equipment (<i>\$200 limit per fiscal year</i>)	\$ _____
_____ Exercise Equipment	\$ _____
_____ Fitness classes	\$ _____
_____ Gym membership	\$ _____
_____ Online Streaming Fitness Classes	\$ _____
_____ Personal Training Session	\$ _____
_____ Race Entry Fees	\$ _____
_____ Weight Watchers	\$ _____
_____ Other	\$ _____
Total cost:	\$ _____ (<i>not to exceed \$200</i>)

Description of program/class requested (*for classes include duration*): _____

***Important Reminders:**

- *The maximum amount for Wellness and Ergonomic combined reimbursements will not exceed \$200.00 per fiscal year.*
- *If City pays/reimburses for program and prizes are awarded, prizes must be within the ethical guidelines or forfeited.*
- *Proof of race completion is required for race entry reimbursement.*
- *Detailed proof of payment is required for reimbursement.*
- *Reimbursements are taxable income and will be reported as wages on W-2 forms.*
- *Purchases must be made during the fiscal year and while eligible under the program.*

By choosing to participate in Healthy Hillsboro, employees and their dependents are agreeing to observe the rules and regulations of the facilities and programs provided through the program.

HPOA – Please see your Contract Agreement for reimbursement information and limitations.

Human Resources Use Only:

HR Approver: _____	Date: _____
Wellness Amount Approved: \$ _____	GL Code: <u>70031000-6101-11631</u>
Ergonomic Amount Approved: \$ _____	GL Code: <u>70031000-6101-11632</u>
Total (<i>maximum \$200 per fiscal year</i>) \$ _____	