



Gym / Online Fitness Membership Reimbursement Request

Month: _____

I have worked out at the gym or through my online membership the following days this month (must be at least 10 days total):

Date	Activity

I am submitting a reimbursement request for \$_____. (No greater than \$20/month)

Printed Name: _____

Employee Name (if different than above): _____

Signature: _____ Date: _____

Submit the completed form and payment receipt to nevans@maglebyconstruction.com no later than the last Friday of the month. Reimbursement will occur through payroll on the next paycheck processed.