Human Resources
2130 Fulton Street
Lone Mountain, Room 339
San Francisco, CA 94117-1080
TEL 415 422-6707
FAX 415 386-1074
http://www usfca edu/hr/

Health Club Membership
Yearly Expense Reimbursement Form
(Regional Campus Staff Only)

Name of Employee _____ CWID _____

Job Title _____

Regional Campus _____

Name of Health Club or Class _____

Period of Expense _____ Total Expense _____

Please attach an original receipt from your health club/class or exercise instructor identifying your name and the time period of membership of classes covered.

I hereby certify that this expense was incurred in my own behalf and was not reimbursed by another source. The amount reimbursed will be half of actual cost and will not exceed $300.00 a year. You will be reimbursed via your paycheck up to your allowed reimbursement limit. This is a taxable benefit.

_____
Employee Signature

_____
Date

All receipts for reimbursement should be turned in no later than Dec. 15th of each calendar year. This reimbursement is taxable.