



Employee Race / Fitness Competition Reimbursement

EMPLOYEE: _____

DATE: _____

EMAIL ADDRESS: _____

DEPARTMENT: _____

CITY: _____ STATE: _____ ZIP: _____

RACE/COMPETITION: _____

DATE OF RACE/COMPETITION: _____

COST OF RACE/COMPETITION: _____

ELIGIBLE RACE/COMPETITION REIMBURSEMENT UP TO \$25.00

MUST BE ATTACHED:

- Copy of registration and proof of payment.
- Copy of bib or participation number for employee.

Return completed form and attachments to Human Resource