



## \$150.00 Wellness Reimbursement Request Form

Please complete the following information and submit to Human Resources along with your receipts for Wellness related purchases between December 5, 2022 and December 1, 2023.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Please check the box below next to the item you are requesting wellness reimbursement for;

- Life Scan
- Gym Membership/Cardio Gym Equipment
- Weight Loss Program
- Wearable Fitness Device
- Athletic Shoes
- Bicycle

Total Amount: \_\_\_\_\_ (Max of \$150.00 for the Year)

Purchased From: \_\_\_\_\_

You must submit the request with all information filled out to receive reimbursement. All items purchased above must have the receipt attached to the request form to be considered for reimbursement. **Requests for reimbursement MUST be received in Human Resources NO LATER THAN close of business December 4, 2023.**

Reimbursement requests will be submitted to finance by the 15<sup>th</sup> of December.

### Other Restrictions:

- You must be an employee of the Nassau County Board of County Commissioners, Sheriff's Office, Clerk of Courts' Office, Property Appraiser's Office, Tax Collector's Office or Supervisor of Election's Office and must be employed at the time of reimbursement.
- Purchase Must be for Employee

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_