




# MCH BeWell Program

## Employee Expense Pre-Approval Form

 **Important Note !** You must submit this form and receive approval prior to purchasing any item under this program. Remember that if you spend more than what you have left under the program that is your cost to absorb! See finance if you have questions about the program including the rules, your current balance, or anything else. We are here to help!

Your Name

Today's Date

Please provide details on what you would like to purchase (Item, cost). Use the back of this form if additional space is needed.

Total Amount of this Request

\$



With my signature below I indicate that I understand the rules of the BeWell program and know that I must receive approval **prior to** making any purchase in order to receive reimbursement under the program.

\_\_\_\_\_  
Your signature

**Please do not write below this line!**

Your request has been **APPROVED!** You may go ahead and purchase this item(s) and submit this form with receipts for reimbursement up to and including the amount shown below in Line F.

Your request has been **DECLINED.** The reason is shown below. If you have any questions, please contact Finance.

For Finance Use ONLY!

<b>A</b>	Your Average FTE over the past 90 days	<input type="text" value="0"/>
<b>B</b>	The BeWell program maximum amount	<input type="text" value="\$ 250.00"/>
<b>C (A x B)</b>	Your personal BeWell Annual maximum	<input type="text" value="\$ -"/>
<b>D</b>	How much you have spent so far	<input type="text" value="\$ -"/>
<b>E (C-D)</b>	Your current balance in the BeWell Program	<input type="text" value="\$ -"/>
<b>F</b>	<u>The amount you are requesting now for reimbursement</u>	<input type="text" value="\$ -"/>
<b>G (E-F)</b>	Your balance after this reimbursement	<input type="text" value="\$ -"/>

### Things for you to remember!

**Program year is from July 1 to June 30.**

**Items must be for your use only and directly help improve your health or enhancing mental well being.**

In no case will an employee be eligible for more than the \$ 250 maximum benefit in any program year.

This program is classified as a taxable fringe benefit. MCH will gross up the amount in Line F above by 35% to cover most of or all of your payroll tax liability.

You will be reimbursed through payroll as soon as possible after you submit your request and receipts.

If for any reason you might experience a financial hardship in purchasing an approved item, see us, we are here to help you!