

**2022 Fitness Watch Reimbursement**

REIMBURSEMENT REQUEST FORM

Employee Name and Rater Code: **Click here to enter text.**

Cost of Fitness Watch Purchased: **Click here to enter text.**

Date Purchased: **Click here to enter a date.**

[ ]  Itemized Receipt Attached

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

Please return this form to Kait in HR, kskogsta@hcrs.org, or fax to 802-886-4530.

**HR USE ONLY:**

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_