

## Edna ISD Wellness Reimbursement

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

Date: \_\_\_\_\_

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

Attach receipts to this form and turn in to the Business Office by December 1<sup>st</sup> and by July 1<sup>st</sup> for reimbursement to be included on December and July Paycheck.

Reimbursement limited to \$15 per month per employee.

Total Reimbursement: \_\_\_\_\_

CFO Signature: \_\_\_\_\_