

January 7, 2016



FITNESS PROGRAMS
REIMBURSEMENT ALLOWANCE GUIDELINES

The administrative guidelines covering the permissible allowances for reimbursement of Fitness Program fees are outlined below:

1. Full-time benefit eligible employees are eligible for reimbursement.
2. The annual reimbursement allowance will be limited to no more than 50% of a maximum Fitness Program fee of \$400.00. The maximum annual subsidy is \$200.00.
3. Reimbursement will be made directly to the employee upon the receipt of a paid-in-full invoice from the fitness facility **AND** a copy of the facility schedule of rates showing an annual membership fee. The procedure to be followed for reimbursement is outlined below.
4. If fees are paid on any kind of installment basis, reimbursement will be made after the employee has paid for six months or has exceeded the \$400.00 fee. Copies of cancelled checks or copies of monthly statements reflecting the fees must be recorded and submitted with the request for reimbursement.
5. Properly completed requests must be received by the Human Resources Department no later than January 31st of the year immediately following the year in which the expenses were incurred and paid.

People who do not exercise regularly or those with serious health problems should consult their physician before embarking on an exercise program.

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REIMBURSEMENT PROCEDURE:

- Receipts must be recorded as “DUES”, on an OC-4 (Payment Authorization). Use the “Explanation” section to provide the necessary details regarding the Fitness Program. **DO NOT APPLY FOR REIMBURSEMENT USING AN EXPENSE REPORT.**
- The OC-4 Payment Authorization must reflect the appropriate Department charge number and be approved by both the respective Department Manager and the HR Department.
- The HR Department will submit the approved OC-4 Payment Authorization with the required documentation attached (See paragraph # 2 above) to the Account Payables Department.

People who do not exercise regularly or those with serious health problems should consult their physician before embarking on an exercise program.

REIMBURSEMENT AUTHORIZATION FORM

****Incomplete forms will not be processed****

DEPARTMENT			LOCATION	COST CENTER NUMBER	
EMPLOYEE NAME AND USER ID			EMPLOYEE ADDRESS		
				AMOUNT \$	
E X P L A N A T I O N	Fitness Reimbursement for _____ (Year)				
- A C T I V I T Y U S E	VENDOR NUMBER	VOUCHER NUMBER	CHECK NUMBER	REQUEST FOR PAYMENT <i>I certify this payment request is for a correct and proper charge to Monument Chemical Kentucky</i>	
	ACCOUNTING CODE NUMBER	DEBIT AMOUNT	CREDIT AMOUNT	SIGNATURE _____ DATE _____	
				APPROVAL	
				SIGNATURE _____ DATE _____	
				SIGNATURE _____ DATE _____	
				SIGNATURE _____ DATE _____	