



Please send reimbursement form and proof of purchase to [marketing@lensauto.net](mailto:marketing@lensauto.net)

### GYM MEMBERSHIP REIMBURSEMENT REQUEST FORM

EMPLOYEE NAME		SHOP LOCATION
EMPLOYEE EMAIL ADDRESS	EMPLOYEE PHONE #	TODAY'S DATE

LEN'S AUTO REPAIR wants to help our employees lead a healthy lifestyle. Employees will be able to choose their gym of choice and sign up for a monthly membership. Len's Auto Repair will reimburse employees up to \$35 per month for their membership with proof of:

- Paid membership at preferred gym each month.
- Usage report submitted quarterly (minimum of 5 visits per month to qualify for reimbursement). Same day visits will only be counted as one visit.

Payout will be quarterly and will be added to your paycheck, unless otherwise stated. *You must be employed for a minimum of 6 months before you become eligible for gym membership reimbursement.*

GYM NAME: \_\_\_\_\_

Amount requested each month for reimbursement quarter (maximum \$35 per month):

1 <sup>ST</sup> QTR	2 <sup>ND</sup> QTR	3 <sup>RD</sup> QTR	4 <sup>TH</sup> QTR
JAN _____	APRIL _____	JULY _____	OCT _____
FEB _____	MAY _____	AUG _____	NOV _____
MAR _____	JUNE _____	SEPT _____	DEC _____

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

<b>ADMINISTRATIVE USE</b>	
<input type="checkbox"/> Employee has submitted proof of purchase & usage report	Amount Reimbursed: _____
<input type="checkbox"/> Purchase date is valid	Form of Payment: _____
<input type="checkbox"/> Employee	
Signature: _____	Printed Name: _____ Date: _____