

**CLAIM FOR EXPENSE
GYM FEES REIMBURSEMENT**

CITY OF FIRCREST, WASHINGTON

DATE: _____

NATURE OF EXPENSE **Gym Fees Reimbursement** AMOUNT: \$ _____

City of Fircrest Employees (Excluding Police Guild Members)

Reimbursement for 50% of a gym membership up to a maximum of \$25.00 per month for employees.

Please attach a copy of your invoice or receipt. (Reference Section 7.10 of Personnel Policies)

Fircrest Police Guild Members reimbursement in accordance with "Collective Bargaining Agreement" Reference Article 16.6 Physical Fitness

As provided in the annual budget, the City may, in its discretion, compensate, or reimburse, employees for all or part of the cost of an approved fitness program, club or organization. Such compensation shall not exceed Twenty-Five Dollars (\$25.00) per month, per employee, but in no event shall exceed the amount, if any, provided by the Council in its annual City budget.

GYM MEMBERSHIP PERIOD COVERED _____

STATE OF WASHINGTON

COUNTY OF PIERCE

I, _____, holding the office of _____ having herewith presented my itemized account of expenses for the period ending ____ / ____ / ____, amounting to the sum of \$_____ dollars, do hereby, having been duly sworn, depose and say: That the foregoing account is just and true as therein stated; that no payment has been received by me on account thereof; that no rebate of any character, kind or description has been made to me by any person or persons furnishing any of said transportation or subsistence; that the expenses charged were actually and necessarily incurred and paid by me in lawful money.

SIGNATURE OF CLAIMANT

Department Head

City Manager

BARS NUMBER _____
Personnel Benefits