EMCBC REIMBURSEMENT VOUCHER FOR EMPLOYEE PHYSICAL FITNESS PROGRAM

EMPLOYEE INFORMATION:

Employee Name _____

Mailing Address

_____

Employee SSN* last four numbers: _____

*Privacy Act Statement: Executive Order 9397 allows Federal Agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide, when it is used as the employee identification number may mean that payroll accounting cannot be processed.

MEMBERSHIP INFORMATION:

Name of Physical Fitness Club or Fitness Program participated in: _____

Period of Membership (beginning/ending dates): _____ / _____
(Semiannually up to annually on a fiscal year basis) Beginning Ending

Total individual "member fees" paid for the membership period: $_____ (Note: "reimbursement-allowance" is 100% of actual expense, not to exceed $200.00 in a twelve (12) month period.)

REQUIRED ATTACHMENTS: For reimbursement, attach a copy of your approved DOE-EMCBC Physical Fitness Program Application Form, Attachment A. Include the proof of membership fees paid and membership contract, if required by the fitness facility.

Forward this completed form with required attachments to the Physical Fitness Administrator, within the EMCBC Office of the Director, at the conclusion of the participation period for processing of payment.

EMPLOYEE CERTIFICATION:
I certify that the expenses claimed herein are for the equivalent of an individual membership and are correct and proper. I understand that any reimbursement is considered a taxable fringe benefit which will be included in my earnings statement, and that I am responsible for payment of any taxes. I certify that I have substantially met the EMCBC Physical Fitness Program requirements during my membership period including but not limited to utilizing the physical fitness center facilities or participating in the fitness program an average of at least once a week (i.e., minimum 26 times during a usage period).

_____ _____
Employee Signature Date

APPROVED FOR PAYMENT:

_____ _____
EMCBC Physical Fitness Administrator Signature Date

_____ _____ _____ _____
Authorizing Funds Official Signature Date Funds Certifying Official Signature Date

ACCOUNTING CLASSIFICATION – TO BE COMPLETED BY EMCBC FUNDS CONTROL

CID: _____ FUND: _____ ALLOT: _____ APPR YEAR: _____ RPT ENTITY: _____

OBJECT CLASS: _____ PROG: _____ PROJ: _____ WFO: _____ LOCAL USE: _____