**Wellness Reimbursement Form**

This form is to be used by employees claiming reimbursement for wellness related expenses (see Jumbo’s Wellness Reimbursement Policy). Receipts, tax invoices and other relevant documentation must be attached to this form, otherwise reimbursement will not occur.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee details | | | |
| Name | placeholder\_name | | |
| Claim Month and Year | | | |
| Enter the Month / Year | placeholder\_claim\_date | | |
| Wellness Expense | | | |
| Date expense incurred | Supplier Details | Details of Wellness Activity | Amount |
| placeholder\_date1 | placeholder\_supplier1 | placeholder\_activity1 | placeholder\_amount1 |
| placeholder\_date2 | placeholder\_supplier2 | placeholder\_activity2 | placeholder\_amount2 |
| placeholder\_date3 | placeholder\_supplier3 | placeholder\_activity3 | placeholder\_amount3 |
| placeholder\_date4 | placeholder\_supplier4 | placeholder\_activity4 | placeholder\_amount4 |
| placeholder\_date5 | placeholder\_supplier5 | placeholder\_activity5 | placeholder\_amount5 |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee declaration | | | |
| I declare that:   1. The expenses are for wellness related purposes and in accordance with Jumbo’s Wellness Reimbursement Policy. 2. All relevant receipts and tax invoices are attached. 3. This is the only claim I have made, or will make, for these expenses. | | | |
| Employee signature |  | Date | dd / mm / yyyy |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Expense Reimbursement Approval | | | | | | |
| Expenses approved by | HR | CTO | COO | CFO | | Other |
| Signature |  | | | Date | / / | |