Text

Description automatically generated

**Wellness Reimbursement Request 2020-2021**

Complete the information below to request a reimbursement. Purchases **cannot** be made with school funds. Purchases need to be made with personal funds.

**Wellness Champion:** \_\_\_Click or tap here to enter text.\_\_\_

**School or Department Site:** \_\_\_\_\_\_\_\_ Click or tap here to enter text. \_\_\_\_\_\_\_\_

**Each Wellness Champion is allotted $300.00.**

**Activity Details:**

* **Name of activity:** \_\_\_Click or tap here to enter text. \_\_\_
* Explanation of activity: Click or tap here to enter text.
* How the money was used: Click or tap here to enter text.
* **Amount to be reimbursed:** \_\_ Click or tap here to enter text. \_\_
* **Date of receipt:** (provide copy of receipt) \_\_ Click or tap here to enter text.\_\_

**Email completed form to Carla Cosio at** [**ccosio@fhcp.com**](mailto:ccosio@fhcp.com) **or** [**cccosio1@volusia.k12.fl.us**](mailto:cccosio1@volusia.k12.fl.us)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Office Use Only \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Date request received:** \_\_\_ Click or tap here to enter text. \_\_\_

**Vendor #** \_\_ Click or tap here to enter text.\_\_

**Current Balance:** \_\_ Click or tap here to enter text. \_\_ **- (Reimbursement)** \_\_ Click or tap here to enter text. \_\_ **=** \_\_ Click or tap here to enter text.\_\_

**Request approved by:** \_\_ Click or tap here to enter text. \_\_ **for $** \_\_ Click or tap here to enter text. \_\_

**Reason Request not approved:** Click or tap here to enter text.

**Date reimbursement request sent to FHCP:** \_\_\_ Click or tap here to enter text. \_\_\_

**Date reimbursement check sent to WC:** \_\_\_ Click or tap here to enter text. \_\_\_