

**Roland-Story Wellness Incentive Reimbursement Form
2018-2019**

Staff Member: _____

<u>date of receipt</u>	<u>description of item or service</u>	<u>amount to be reimbursed</u>

Total Reimbursement Amount (\$50 maximum): _____

Attach all receipts to this form, sign below, and submit to Candi Holm in the central office.

Staff Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Reimbursement Submission:

- Proof of payment (receipt) itemizing the purchase, amount paid, date of purchase (must be between August 1st and June 1st), indicating the employee as the purchaser, and recipient of the service/item.
- Submit a completed reimbursement form and proof of purchase (receipt) to Candi Holm between August 1st and June 1st. This is a one-time annual submission.
- Purchases will be reimbursed in the same year in which the purchase was made, and cannot be claimed across school calendar years.
- All information presented for reimbursement must be accurate and valid.

Timeline for Payment of Reimbursement Claims:

- Reimbursement will be made only after school board approval and following the submission of proof of purchase. This process may take several weeks.