



Fitness Center Reimbursement Request

Please Type or Print Information

Employee Information

Last Name, First Name, Middle Initial:			Employee ID#:		
Department:			Department Location: (Ex: Sanitation South Lot)		
Phone#:			Email:		
Retired?	Yes	No	Elected Official?	Yes	No

Fitness Center Information

Facility Name:		
Facility Location:	Membership Type:	Family Individual
Facility Phone #:	Health Ins Provider:	

Submit reimbursement documentation within 45 days of 12 month membership completion.

Email documents to mmwalldorff@dekalbcountyga.gov or fax to 404.371.4992.

Documentation Needed:

- A receipt showing payment/s to your Fitness Center, including the dates of your membership period.*
- Indicate monthly or annual fee.
- All documents **must** show that you are a member of the facility in the year in which you are requesting reimbursement.
- Must be a licensed exercise facility or school, including but not limited to: Health Club, Gym, YMCA, Swimming Pools, Karate, Tae Kwon Do, Kick Boxing, Judo, Yoga, Aerobics and Tai Chi.

*Finance charges and/or start-up fees are not covered.

All reimbursements are subject to approval by Wellness Coordinator and Payroll.

**DeKalb County Government | Department of Risk Management |
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Office: 404.371.3237 | Fax: 404.371.4992 | mmwalldorff@dekalbcountyga.gov**