



Office use only  
Amount reimbursed.

# UA LOCAL 324

## Fitness/Wellness Claim Form

Claim amount for 2024: \$300.00

Name	Type of expense	Date of purchase	Amount Paid	Approved by (Office use only)

You must provide all information requested on the claim form, incomplete forms will not be processed.

**\*\*PLEASE ATTACH A VOID CHEQUE OR DIRECT DEPOSIT FORM FOR PAYMENT\*\***

### Expenses Eligible for Reimbursement

- Fitness memberships to gyms, yoga studios, martial arts, etc.
- Community pool/recreation center memberships
- Registered Community team sport league annual registration fees

### Expenses NOT Eligible for Reimbursement

- Day-passes or drop-in fees of any kind
- Sporting equipment of any kind
- One-time events such as race entry fees (e.g marathons, TC 10km, tough mudder)

### Please note:

- Original receipts must indicate: your name, facility name, date of purchase, amount of purchase (debit or credit card receipts alone will not be accepted)
- Membership agreements and contracts are not sufficient as they do not show that dues/fee's have been paid
- If you pay monthly membership fee's, submit confirmation of payment annually or once you have receipts totally more than \$300.00
- Reimbursement is for members only, not dependents and or spouses.
- Receipts must be submitted prior to March 31<sup>st</sup> for the previous calendar year
- Send receipts to [haylee@ualocal324.com](mailto:haylee@ualocal324.com) or drop off at the union hall