

Edna ISD Wellness Reimbursement

Name: _____

Date: _____

Signature: _____

Attach receipts to this form and turn in to the Business Office by December 1st and by July 1st for reimbursement to be included on December and July Paycheck.

Reimbursement limited to \$10 per month per employee.

Total Reimbursement: _____

Business Manager Signature: _____