

DIVERSIFIED 2026 WELLNESS REIMBURSEMENT

Maximum amount \$200.00

CHECK REQUEST FORM

From: _____

Date: _____

Amount: _____

Payable To: _____

Address:

**Attach your paid
receipt. You will
be reimburse
thru payroll.**

Per IRS Fringe Benefits
Regulations, the \$100.00
reimbursement is considered
taxable income and will be
reported on your W2

APPROVED BY: _____

Accounting code: 21090 wellness **Dept code** No Department

Must be submitted by December 1st, 2026