



A SIGN LANGUAGE INTERPRETING RESOURCE, INC.

Wellness Stipend Reimbursement Form

Name		Position	
Supervisor		Quarter Circle One	1 2 3 4
Amount Requested		Event Date(s)	

In order to receive reimbursement, the following must apply:

- All receipts are legible and attached to this form.
- Event, treatment or service must have occurred in the current Quarter.
 - Example: A treatment done during the 1st Qtr, must be turned in for reimbursement by March 31, 2008. If you do not turn in the necessary paperwork, you will not be reimbursed and you cannot turn it in the following Qtr.
 - Due Dates for submission of reimbursement forms are as follows:
 - 1st Qtr – March 31, 2008
 - 2nd Qtr – June 30, 2008
 - 3rd Qtr – September 30, 2008
 - 4th Qtr – December 31, 2008
- Event must fall under the category of “wellness” and logically make sense as something that would be considered health and/or wellness.
- You must be a part time or full time employee with Sign On and actively employed at the end of the Qtr.

I understand what my responsibilities are and what the guidelines are in order to receive this employee benefit.

Signature

Name Printed

Date

Your Communication in Our Hands

SignOn: A Sign Language Interpreting Resource, Inc. · 130 Nickerson, Ste 107 · Seattle, WA 98109
P: 206-632-7100 · TTY: 206-632-7200 · F: 206-632-0405 · Email: Terps@SignOnASL.com · www.SignOnASL.com