



FRIENDSHIP • SUPPORT • COMMUNITY

Claim of Reimbursement

Name: _____

Position: _____

Type of reimbursement:

First Aid

Wellness Letter

First Aid Renewal

Amount Claimed \$ (Original supporting receipts, vouchers and/or approvals must be attached as appropriate):

DECLARATION By signing below, I hereby declare that

1. All information provided for this claim is true and accurate to the best of my knowledge and represents a legitimate request for reimbursement based on the policies set Lifetime Networks. I acknowledge the trust placed in me by Lifetime Networks in filing this claim and understand that I may be subject to disciplinary action should I purposely file a claim that violates documented rules on reimbursements.
2. To the best of my knowledge, no other individual is claiming any portion of the reimbursement requested with this filing (i.e., there is no duplication of claims for any part of these requested funds)

Employee Signature

Date Signed