



**HUMAN RESOURCES**

**Wellness Program - Receipt**

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date: \_\_\_\_\_

Campus/Dept: \_\_\_\_\_

**Original Receipt**

Large empty rectangular area for the original receipt.

HR Designee Signature: \_\_\_\_\_

Date: \_\_\_\_\_