



Kendall Park First Aid & Rescue Squad

PO Box 5097, 121 New Road, Kendall Park, New Jersey 08824

Over 60 years of community service



HEALTH CLUB EXPENSE REIMBURSEMENT FORM

Member Name: _____

Address: _____

I have fulfilled the requirements as a volunteer member of the Kendall Park First Aid & Rescue Squad, Inc. (KPFARS) and am eligible for reimbursement of my health club/gym membership fees as set forth in the health club reimbursement policy established by KPFARS in 2019.

I hereby request reimbursement in the amount of \$_____, as established via attached documentation, which I incurred during the previous ____ quarter(s) of;

- ☐ October 1, 20__ through December 31, 20__
- ☐ January 1, 20__ through March 31, 20__
- ☐ April 1, 20__ through June 30, 20__
- ☐ July 1, 20__ through September 30, 20__

Member Signature

Date

FOR INTERNAL USE ONLY

Approved____ Rejected____

Comment

President

Date Paid/check #

