



2450 Coral Ave. NE, Salem, OR 97305 – 503-364-8612 – FAX 503-364-6988

## WELLNESS GRANT REIMBURSEMENT EXPENSE REPORT

Please return completed and signed form with original receipts within 10 days of purchase or end of event. Mail or drop off to address above or electronically to [president@askesp.org](mailto:president@askesp.org)

Reimbursement checks will be mailed.

Please print the following information

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

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

City: Salem State: OR Zip Code: \_\_\_\_\_

Work site: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Activity Sponsored:

Was activity well received by ESP's at your location:

Yes\_\_\_ No\_\_\_

Vendor Name and description of purchase:

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Date of Purchase: \_\_\_\_\_ (attach receipt)

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Account #: \_\_\_\_\_ Paid By: \_\_\_\_\_