



SCCC White Collar Unit

Center for Personal Training & Wellness Reimbursement Form

****REIMBURSEMENT WILL BE A MAXIMUM OF \$50 PER MEMBER****

Name: _____ Dept: _____

Campus (Please circle): AMM East West

College ID# _____ Office Phone: _____

Class Section No.	Title of Class	Amount Paid
ie: 9284	SPIN	
Total Amount Due		

I certify that the said claim is just, true and correct. That no part thereof has been paid to me or otherwise settled; that the amount claimed is correct and just and remains due, owing and unpaid.

Member Signature

Date

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Please be sure to attach a copy of your schedule (showing payment)
Please be sure to attach a copy of your certificate of completion
from the Center for Personal training and wellness coordinator
Elizabeth Tomlet
Please forward this completed form and the items requested
to:

Liz Paterson
Ammerman Bldg, Rm. 102 B

Ammerman Campus