



Racing for Wellness – Reimbursement Request Form

Please complete the following information and submit to Human Resources along with your receipts/registration form in order to be eligible for a race reimbursement.

First Name: _____

Last Name: _____

Department: _____

Mailing Address: _____

Phone Number: _____

Race Name & Website (if available): _____

Race Fee: \$ _____ (Max of \$150.00 for the Year)

Date of Race: _____

You must submit the request with all information filled out to receive reimbursement. Please attach proof of registration and payment. All items must be attached to the request form to be considered for reimbursement. **Requests for reimbursement MUST be received in Human Resources NO LATER THAN close of business January 3, 2020.**

Reimbursement requests will be submitted to finance by the 15th of each month

Other Restrictions:

- You must be an employee of the Nassau County Board of County Commissioners, Sheriff's Office, Clerk of Courts' Office, Property Appraiser's Office, Tax Collector's Office or Supervisor of Election's Office and must be employed at the time of reimbursement.