

CBS WEIGHT LOSS REIMBURSEMENT FORM

Name: _____ Location: _____

Name of Weight Loss Program: _____

Phone Number of Weight Loss Program: _____

Start date of program: _____

*You must attach proof of payment (receipt or copy of payment on credit card bill). Send this information to the Admin. Secretary, North Salem.

Note: You may only be reimbursed for a weight loss program once a year (up to \$150).

10/06