



**Middletown Rancheria
of Pomo Indians of California**
22223 Highway 29 at Rancheria Road
P.O. Box 1035
Middletown, CA 95461
Phone: 707.987.3670 Fax: 707.987.9091

**Reimbursement Form for Gym Membership
for Lake County Tribal Members**

Date: _____ Amount requested: \$ _____

Tribal Member Requesting Reimbursement: _____

Tribal Members Address: _____

Name of Lake County Gym: _____

List which month(s) of gym membership will be reimbursed with this request:

**Note that receipt of payment received must be attached to this form. All receipts must be submitted within 30 days of the date of payment.*

**A copy of your paystub must be included if your membership is automatically deducted from your payroll.*

Reimbursements will be processed through the accounting dept. quarterly.

