

Exercise Reimbursement Request

TO:	Ginger Wait, Treasurer
FROM:	
DATE:	

Please accept my request for reimbursement for exercise based on the following information:

Name of Person with PD:		
Date	<u>Time</u>	
	From	To
		Exercise Instructor

- I have attached receipts for services provided for the dates indicated.
Reimbursement will not exceed \$300 per member per calendar year.

- I certify that I am a current member of the Parkinson's Support Group of Green Valley.

Mail to: Parkinson's Support Group
PO Box 714
Green Valley, AZ 85622

Signature

Street Address

City

State

Zip Code