

TEACHER'S HEALTH and WELLNESS and
PROFESSIONAL ENRICHMENT BENEFIT

Texico Conference of SDA
P.O. Box 1366; 777 Sandia View Lane
Corrales, NM 87048

Name _____

School _____

Date _____

Purchased Item _____

Amount _____

Signature _____

Approved By _____

The Texico Conference shall reimburse each full-time, exempt, (salaried) employee half of the actual cost on a reimbursement basis for professional growth and health/fitness club up to a reportable maximum of \$2,000.00 annually (reimbursed amount shall not exceed \$1,000.00 per year). This money can be used 100% for Health and Wellness for Professional Enrichment or a combination of both. Please attach the receipts to the top of this form.

For Administrative Use

Amount used _____ Balance left _____