

Health Tradition Fitness Center Reimbursement Workout Log

Subscriber Name: _____ Employee ID #: _____ Fitness Center: _____

	January	February	March	April	May	June
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Total Number of Workouts Per Month

--	--	--	--	--	--

Please record the number of minutes of activity for each workout date (30 minutes minimum). You may record only one workout per day. You must record 75 workouts in 6 months to qualify for reimbursement.

Six-month total: _____

Health Tradition Fitness Center Reimbursement Workout Log

Subscriber Name: _____ Employee ID #: _____ Fitness Center: _____

	July	August	September	October	November	December
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Total Number of Workouts Per Month

--	--	--	--	--	--

Please record the number of minutes of activity for each workout date (30 minutes minimum). You may record only one workout per day. You must record 75 workouts in 6 months to qualify for reimbursement.

Six-month total: _____