

# Counseling Reimbursement Form

**Check Payable To:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Department: HR**

**Account #: 6167 - Employee Benefits**

**\* Back-up & Documentation is filed in Human Resources**

**Please sign below-**

**Employee:** \_\_\_\_\_

**Input in log:** \_\_\_\_\_  
(HR)

**HR Director:** \_\_\_\_\_