



**Diocese of Austin**  
**Weight Watchers' Program**  
**Reimbursement**

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Employee must provide proof of payment and attendance to the Weight Watchers Program.

Please attach a copy of your receipt and attendance card.

**Amount Paid:** \$ \_\_\_\_\_

**Amount Reimbursed:** \$ \_\_\_\_\_

(Should equal to 50% of the amount paid)

Reimbursements processed quarterly:

**Payment Schedule**

| <b>Period</b> | <b>Date Due</b> | <b>Date Paid</b> |
|---------------|-----------------|------------------|
| Jul – Sept    | 10/13/2017      | 10/20/2017       |
| Oct – Dec     | 1/12/2018       | 1/19/2018        |
| Jan – Mar     | 4/13/2018       | 4/20/2018        |
| Apr – Jun     | 7/13/2018       | 7/20/2018        |