

**TOMPKINS CORTLAND COMMUNITY COLLEGE  
FITNESS CENTER REIMBURSEMENT**

PAY TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

DEPT./BUDGET CODE EXPENSE REQUIRED:  
**010-6986-6010-00**

FITNESS CENTER REIMBURSEMENT \_\_\_\_\_

**Payment verification and visitation verification must be attached.**

\_\_\_\_\_  
TC3 Fitness Center Coordinator - Tammi Young

\_\_\_\_\_  
REQUESTED BY:  
(Signature Required)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_