



## WOW Immunization Reimbursement Request

**Influenza and Pneumonia Vaccinations:** Mid-Plains Community College will reimburse WOW participants for ½ of their annual immunization costs (up to \$15.00 per year), with proper documentation being presented.

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

### Vaccination Information:

**Type of Vaccine:**

\_\_\_\_ Influenza                      \_\_\_\_ Pneumonia

**Administered by:**

Name of Doctor or Clinic: \_\_\_\_\_

**Total Cost of vaccine:** \$ \_\_\_\_\_      **Amount Requested:** \$ \_\_\_\_\_

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

**Attach receipt to this request and send via campus mail to Human Resources.**

**Total reimbursement will not exceed \$15.00 per year.**