

**U.S.W. LOCAL 10-00086 MERCK EMPLOYEES HEALTH AND WELFARE FUND
FITNESS REIMBURSEMENT PROGRAM LOGBOOK**

Name of Employee: _____

WEIN#: _____

Name of Participant (if other than Employee): _____

Date & Time	Fitness Center Rep. Signature	Date & Time	Fitness Center Rep. Signature
1. _____	_____	31. _____	_____
2. _____	_____	32. _____	_____
3. _____	_____	33. _____	_____
4. _____	_____	34. _____	_____
5. _____	_____	35. _____	_____
6. _____	_____	36. _____	_____
7. _____	_____	37. _____	_____
8. _____	_____	38. _____	_____
9. _____	_____	39. _____	_____
10. _____	_____	40. _____	_____
11. _____	_____	41. _____	_____
12. _____	_____	42. _____	_____
13. _____	_____	43. _____	_____
14. _____	_____	44. _____	_____
15. _____	_____	45. _____	_____
16. _____	_____	46. _____	_____
17. _____	_____	47. _____	_____
18. _____	_____	48. _____	_____
19. _____	_____	49. _____	_____
20. _____	_____	50. _____	_____
21. _____	_____	51. _____	_____
22. _____	_____	52. _____	_____
23. _____	_____	53. _____	_____
24. _____	_____	54. _____	_____
25. _____	_____	55. _____	_____
26. _____	_____	56. _____	_____
27. _____	_____	57. _____	_____
28. _____	_____	58. _____	_____
29. _____	_____	59. _____	_____
30. _____	_____	60. _____	_____

Date & Time	Fitness Center Rep. Signature	Date & Time	Fitness Center Rep. Signature
61. _____	_____	91. _____	_____
62. _____	_____	92. _____	_____
63. _____	_____	93. _____	_____
64. _____	_____	94. _____	_____
65. _____	_____	95. _____	_____
66. _____	_____	96. _____	_____
67. _____	_____	97. _____	_____
68. _____	_____	98. _____	_____
69. _____	_____	99. _____	_____
70. _____	_____	100. _____	_____
71. _____	_____	101. _____	_____
72. _____	_____	102. _____	_____
73. _____	_____	103. _____	_____
74. _____	_____	104. _____	_____
75. _____	_____	105. _____	_____
76. _____	_____	106. _____	_____
77. _____	_____	107. _____	_____
78. _____	_____	108. _____	_____
79. _____	_____	109. _____	_____
80. _____	_____	110. _____	_____
81. _____	_____	111. _____	_____
82. _____	_____	112. _____	_____
83. _____	_____	113. _____	_____
84. _____	_____	114. _____	_____
85. _____	_____	115. _____	_____
86. _____	_____	116. _____	_____
87. _____	_____	117. _____	_____
88. _____	_____	118. _____	_____
89. _____	_____	119. _____	_____
90. _____	_____	120. _____	_____

Name of Approved Fitness Center

Telephone Number of Approved Fitness Center