

# Reimbursement Form

## Garden Spa and Massage and Spa Therapy School

This form is for Garden Spa or Massage and Spa Therapy School gift card/certificate reimbursement only.

**Please mail your form along with your gift card/certificate to:**

**Memorial Hermann Southwest Administration  
Attention: Jacquie Norwood  
7600 Beechnut St.  
Houston, TX 77074**

ALL reimbursements will be mailed to the name and address listed below. Please contact us with questions at 713.456.4355.

**Name of person to be reimbursed** \_\_\_\_\_

**Address of person to be reimbursed** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

### Itemized Reimbursement List

Gift Card/Certificate No.	Purchased From (Company)	Purchase Date	Remaining Amount on Card

**TOTAL REIMBURSEMENT** \_\_\_\_\_

*\*You must mail all gift card/certificates with this form in order to be reimbursed.*

I have made a photocopy of my gift card/certificate for my records.

I have attached the original gift card/certificate with this form.

### Signature (required)

Signature of Person to be reimbursed \_\_\_\_\_ Date \_\_\_\_\_

7600 Beechnut St. Houston, Texas 77074