

INTEGRIS*Jim Thorpe Rehabilitation***2017 Courage Run****EMPLOYEE NAME:** _____**EMPLOYEE #:** _____**DEPARTMENT #:** _____

Item:	
Employee	
Fun Run/Walk = \$20	
5K Run = \$25	
SUBTOTAL	
TAX	\$0.00
TOTAL	

I Have received the items listed and authorize a payroll deduction for the total owed from my paycheck. I understand that should I terminate my employment with the hospital that any charges I owe the INTEGRIS Health will be deducted from my final check. If purchases exceed my final check, I will be held responsible for the balance due.

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