



# West Virginia Department of Transportation Footwear Reimbursement Form

DOT.1.15.1

Issue Date: 01/14/2025

Revised: 01/28/2025 Page 1

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

Oasis Number : \_\_\_\_\_

Classification: \_\_\_\_\_

Org: \_\_\_\_\_

Footwear Brand: \_\_\_\_\_

## Check the appropriate box for the ANSI or ASTM Standard Boots Purchased:

\_\_\_\_ ASTM F-2412-2005, "Standard Test Methods for Foot Protection"

\_\_\_\_ ASTM F-2413-2005, "Standard Specification for Performance Requirements for Protective Footwear"

\_\_\_\_ ANSI Z41- 1999, "American National Standard for Personal Protection – Protective Footwear"

\_\_\_\_ ANSI Z41- 1991, "American National Standard for Personal Protection – Protective Footwear"

Receipt is attached

Yes

No

\$ \_\_\_\_\_ (Footwear cost including tax)

\$ \_\_\_\_\_ (Total of Payment)

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
District Manager/Division Director/Appropriate  
Authority Signature

Date: \_\_\_\_\_