

FOOTWEAR REIMBURSEMENT FORM



Employee Name: _____

Last 4 of SSN: _____

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," or

_____ ASTM F-2413-2005, "Standard Specification for Performance Requirements for Protective Footwear," or

_____ ANSI Z41- 1999, "American National Standard for Personal Protection – Protective Footwear," or

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

_____ Receipt is attached

\$ _____ (Footwear cost including tax) \$

\$ _____ (Additional Footwear Allowance Amount)

\$ _____ (Total of Payment)

Employee Signature

Date

Supervisor Signature

Date

District Manager/Division Director/Appropriate
Authority Signature

Date