



Safety Shoe Reimbursement Form

Submit to your financial Delegate. Incomplete forms will be RETURNED.

**** Attach ANSI/ASTM or Safety Shoe Tag & Original Receipt, signed and dated****

Employee Name _____

Employee PSU ID (9-digits) _____

Employee Supervisor _____

Cost Center/Internal Order _____

Purchase Amount _____

Store/Vendor _____

Shoe Description _____

Employee Signature/Date _____

Supervisor Signature/Date _____

Safety Office Use Only

Date Received:		Initials:
SRFC:	Amt Reimbursed:	Date Processed: