

Safety Shoe Reimbursement Form

Submit to your department's Admin for processing. Incomplete forms will be RETURNED.

****Attach ASTM or Safety Shoe Tag & Original Receipt; sign, and date receipt****

Employee Name _____

Employee PSU ID (9-digits) _____

Employee Supervisor _____

Cost Center/Internal Order _____

Purchase Amount _____

Store _____

Shoe Description Employee Signature/ Date _____

Supervisor Signature/ Date _____

Safety Office Use Only		
Date Received:	Initials:	
SRFC:	Amt Reimbursed:	Date Processed: