



Reimbursement of Safety Footwear

Date _____

Badge # _____ UIN # _____

Work Order # _____ Phase # _____

Description of Item Purchased	ASTM/ANSI Label Verified #	Amount
TOTAL:		
REQUESTED BY:	APPROVED BY:	

- Please include:
 - Date the reimbursement is requested
 - Badge and UIN number of the purchaser
 - Work Order Number & Phase Number
 - Description and verification of item which ASTM/ANSI label applies
 - Signature of person requesting reimbursement ("Requested By" box)
- Please provide ORIGINAL receipt.
- This form must be signed by a Foreman, Supervisor, or Department Head ("Approved By" box).
- Please submit your reimbursement request in Chrome River. Once complete please drop off form and original receipt to room 158

Tape Receipts Below

1. Tape all receipts flat to this form with no wrinkles.
2. Use multiple 8.5" x 11" sheets of paper if necessary.
3. Attach sheets together with a single staple or binder clip.

OSHA 1910.136(b)(1) requires protective footwear to meet approved safety standards. This can be verified by looking for a label, usually affixed inside the tongue of the shoe, that shows compliance with one of the following standards. Please indicate to the left which standard applies.

1. ASTM F-2412
2. ASTM F-2413
3. ANSI Z41

