

 ENVIROSYSTEMS	SAFETY FOOTWEAR REIMBURSEMENT REQUEST FORM
Company: <input type="checkbox"/> Amazon <input type="checkbox"/> Mattawa <input type="checkbox"/> EnviroSystems USA	
Employee Name: _____	
Location: _____	
<i>I hereby certify that I have purchased safety shoes that meet the requirements of the Safety Footwear Reimbursement Policy and therefore I am requesting reimbursement.</i>	
I have attached a receipt showing the shoes purchased and the total purchase price.	
Date of Purchase: _____	
Amount of Purchase: _____ (Max Reimbursement \$150.00 USD)	
It has been 12 months or more since my last request for reimbursement.	
Should I choose to terminate my employment with EnviroSystems less than 30 days following reimbursement, I shall repay the full amount of reimbursement.	
Employee Signature: _____	
Manager's Approval	
Manager's (printed) Name: _____	
I verify that this employee is required to wear safety footwear and that the shoes the employee has purchased meet the Safety Footwear Policy.	
Signature: _____ Date: _____	
Accounting	
Reimbursement Processed: Date: _____ Amount \$ _____	
Processed by: _____	

Approved by: MGT/HSE

Effective Date: November 1, 2012

Revision Date: January 3, 2017

Next Review: January 3, 2019

Revision #: 2

The information in this policy does not take precedence over applicable government legislation.

Page 3 of 3