

**Boot Reimbursement Form**



**TYNDALE**  
PROUD TO PROTECT

800.356.3433  
www.TyndaleUSA.com

Request Date: \_\_\_\_\_

Requested By: \_\_\_\_\_



**Nicor Gas**

\*\*\* Your Supervisor Must Sign the Bottom of this Form \*\*\*  
Please send a copy of your receipt in order for Tyndale to process your request

Employee Name : \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Employee Phone#: \_\_\_\_\_

Work Location: \_\_\_\_\_

Address to send Check: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor Contact #: \_\_\_\_\_

Make & Design of Shoe: \_\_\_\_\_

Cost of Shoe/Boot: \_\_\_\_\_ Amount Reimbursed: \_\_\_\_\_

Employee Allowance Bal.: \_\_\_\_\_

Supervisor: Check that boots are EH Rated or meet ASTM 2413-17.  
Supervisor signature: \_\_\_\_\_

Please send receipt and this form to Tyndale.

Mail to : Tyndale Company  
5050 Applebutter Road  
Pipersville, PA 1894

Fax to : 267-202-7665  
or  
Email to : customerservice@tyndaleusa.com

\$15.00 processing fee applies, charged directly to company,  
does not affect employee allowance.