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| **UTILITIES GROUP** |
| ***SAFETY BOOT REIMBURSEMENT FORM*** |
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| Tyndale Company Inc. \* 5050 Applebutter Road \* Pipersville, PA 18947 \* 800-356-3433 |
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| **Reimbursement Requirements to be submitted to Tyndale** |
| *Provide a copy of the Receipt with the completed Boot Reimbursement Form* |
| *Safety Boot Purchase must meet Footwear Requirements (ASTM and EH) per job classification* |
| *Employees will be reimbursed up to the purchase price of the boots or**amount of funds available in their account.* |
| *Supervisors must sign the completed reimbursement form before submitting to Tyndale* |
| ***For fastest processing, email to Tyndale’s Customer Service Department at*** ***CustomerService@Tyndaleusa.com*** ***or send a fax to 267-202-7665*** |
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| ***Employee Name:*** |  | ***Employee ID#:*** |
| ***Telephone#:*** |
| ***Street Address:*** |
| ***City:*** | ***State:*** | ***Zip:*** |
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| **By signing below, Manager/Supervisor acknowledges that the items being requested for reimbursement are in compliance with company policy (SF413) and the amount requested is approved and in compliance with reimbursement parameters, if available.** |
| ***Manufacturer:*** | ***Description:*** |  |
| ***Meets MDU Footwear Requirements:*** | ***Cost of Boot:*** |  |
| ***Manager/Supervisor Name:*** | ***Cost Area/Department:*** |  |
| ***Manager/Supervisor Signature:*** |
| *T*yndale will charge a $20.00 processing fee for boots not purchased through Tyndale. The Company will pay processing fee. |
| **For Tyndale Only** |
| ***Amount Reimbursed: Employee Allowance Balance:******12.3.19 TS*** |