

LIBERTY UTILITIES: WEST- AZ& TX SAFETY SHOE REIMBURSEMENT FORM



Tyndale Company Inc. * 5050 Applebutter Road * Pipersville, PA 18947 * 800-356-3433

In order to process your boot reimbursement:

 $\textit{Check if safety boot purchase meets Liberty Utilities footwear requirements for job \ classification}$

BOOT REQUIREMENT- 6" MINIMUM, EH RATED, ASTM F2413 COMPLIANT BY HAVING:

A slip resistant sole (rated good or better), impact rating of 75, compression rating of 75, and an electrical hazard (EH) rating.		
Have your supervisor sign the	completed reimbursement form before submitt	ing to Tyndale.
This form and copy of the purchase rec	ceipt must be emailed to: CustomerService@Tyr	ndaleUSA.com or faxed to 215-766-5661.
Employee can be reimbursed for item	ns other than protective footwear i.e. polish, l	aces, insoles, orthotics, etc.
Employee Name:		
Telephone:		
Street Address:		
City:	State:	Zip:
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