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| Idaho Power logo for Order Form**IDAHO POWER** | | | |
| ***SAFETY FOOTWEAR REIMBURSEMENT FORM*** | | | |
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| Tyndale Company Inc. \* 5050 Applebutter Road \* Pipersville, PA 18947 \* 800-356-3433 | | | |
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| ***Idaho Power p-cards will not be used to purchase boots outside of the Tyndale catalog.***  *In order to process your Boot Reimbursement, you must:* | | | |
| 1. *Provide a copy of your Receipt with this completed Boot Reimbursement Form* | | | |
| 1. *Check if Safety Boot Purchase meets Idaho Power Footwear Requirements for Job Classification* | | | |
| *Employees will be reimbursed* ***for their personal purchase*** *up to the purchase price of the boots or amount of funds available in their account. Employees may request reimbursement for a lesser amount of the purchase price of the boot.* | | | |
| 1. *Supervisors must sign the completed reimbursement form before submitting to Tyndale* | | | |
| ***For processing, submit your completed form and receipt:***  ***by email to CustomerService@TyndaleUSA.com***  ***OR fax to Customer Service at (267) 202-7665.*** | | | |
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| ***Employee Name:*** |  | ***Employee ID#:*** |
| ***Telephone #:*** | | | |
| ***Street Address:*** | | | |
| ***City:*** | ***State:*** | ***Zip:*** |
|  | | | |
| **By signing below, Supervisor acknowledges that the items being requested for reimbursement are in compliance with Idaho Power company policy and the amount requested is approved and in compliance with reimbursement parameters, if available.** | | | |
| ***Manufacturer:*** | ***Description:*** |  |
| ***Meets Idaho Power Footwear Requirements:*** | ***Cost of Boot:*** |  |
| ***Print Supervisor Name:*** | ***Cost Center/Department:*** |  |
| ***Supervisor Signature:*** | | | |
| ***Tyndale will charge a $15.00 processing fee for boots not purchased through Tyndale. This fee will be deducted from your allowance. It is your responsibility to ensure that your allowance balance can cover this fee and if not the order will be cancelled.*** | | | |
| **For Tyndale Only** | | | |
| ***Amount Reimbursed: Employee Allowance Balance:***  ***12.23.2019 IPC*** | | | |