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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***](mailto:CustomerService@Tyndaleusa.com) ***or send a fax to 267-202-7665*** | | |
|  | | |
| ***Company (please check one):***  *\_\_\_\_\_ Cascade Natural Gas \_\_\_\_\_Intermountain Gas Company*  ***\_\_\_\_****Montana-Dakota Utilities Co. / Great Plains Natural Gas* | | |
|  | | |
| ***Employee Name:*** |  | ***Employee ID#:*** |
| ***Telephone#:*** | | |
| ***Street Address:*** | | |
| ***City:*** | ***State:*** | ***Zip:*** |
|  | | |
| **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:***  ***1.28.20 LB*** | | |