

Employee Allowance Balance:

## 2015





## SAFETY SHOE REIMBURSEMENT FORM

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

In order to process your Boot Reimbursement you must:

Provide a copy of the Receipt with the completed Boot Reimbursement Form

Check if Safety Boot Purchase meets AEP Footwear Requirements for Job Classification

Employees will be reimbursed up to the purchase price of the boots or amount of funds available in their account. Employees may request a reimbursment for a lesser amount of the purchase price of the boot.

Supervisors must sign the completed reimbursement form before submitting to Tyndale

Please send this form to Custor	merService@TyndaleUSA.co	m or Fax to 215-766-5661
Employee Name:		
Telephone#:		
Street Address:		
City:	State:	Zip:
	BOOT INFORMATION	
Manufacturer:	Description:	
Meets AEP Footwear Requirements:	Cost of Boot:	
Supervisor Name:	Cost Area/Departme	nt:
Supervisor Signature:		
Tyndale will charge a \$20.00 processing	fee for boots not purchase	ed through Tyndale. AEP will pay
the processing fee.		
	For Tyndale Only	
Amount Reimbursed:		