

LIBERTY UTILITIES





	Tyndale Comp	oanv Inc.	* 5050 Ar	pplebutter Ro	oad * Pipe	rsville. PA	18947 *	800-356-343
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In order to process your boot reimbursement:

Check if safety boot purchase meets Liberty Utilites 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.

Meter and Relay departments are permitted the use of saftey shoes

Have your supervisor sign the completed reimbursement form before submitting to Tyndale.

This form and copy of the purchase receipt must be emailed to: CustomerService@TyndaleUSA.com or faxed to 215-766-5661.

Employee is responsible for payment of any items other than protective footwear (i.e. polish, laces, insoles, orthotics, etc.) and should utilize the Company benefits plan, where applicable, for these fees.

Employee Name:		
Telephone:		
Street Address:		
City:	State:	Zip:
By signing below, the	supervisor acknowledges that the	items being requested for

By signing below, the supervisor acknowledges that the items being requested for reimbursement are in compliance with company policy and the amount requested is approved and in compliance with reimbursement parameters, if available.

Manufacturer:	Description:	
Meets Footwear Requirements:	Cost of Boot:	
Supervisor Name:	Cost Area/Department:	
Supervisor Signature:		

Employees will be reimbursed up to the purchase price of the boots (with tax and shipping) or amount of funds available in their account. Employees may request a reimbursment for a lesser amount of the purchase price of the boot. Employees may be reimbursed up to \$150.00 max each year

For Tyndale Only:

Amount Reimbursed:

Employee Allowance Balance:

12.13.19 CP