



BOOT & SHOE REIMBURSEMENT FORM



*This Form is **ONLY** used for Boots purchased
outside of the Tyndale Program*

Tyndale Company, Inc * 5050 Applebutter Road * Pipersville, PA 18947

Name: NYSEG EMPLOYEE ID#: Today's Date:
E-mail: Telephone:

Supervisor Signature Required PRINT: **SIGN:**
Supervisor Email: Supervisor Telephone:

REQUIRED: MAILING ADDRESS FOR REIMBURSEMENT CHECK

Street Address:
City: State: Zip:

TYNDALE CUSTOMER ID#:

INFORMATION FOR PROCESSING BOOT OR SHOE REIMBURSEMENT

There is a \$15.00 processing fee for the purchase of Boots outside of the Tyndale Program which is PAID BY THE EMPLOYEE and will be deducted from the employees allowance balance along with the cost of shoe reimbursement.

Eligibility for reimbursement is contingent on the Boot or Shoe purchase meeting the Safety Requirements established by NYSEG

A copy of receipt from Boot or Shoe Purchase must be attached to this form in order to fulfill the reimbursement request

Boot Specific information must be filled out - see below.

A Supervisor Signature is required for processing this request (Printed and Signed)

The employee will be reimbursed for the purchase price of the boot or shoe or the amount of their available allowance

The employee may request to be reimbursed for a lesser amount than the full purchase price of the boot or shoe

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

BOOT INFORMATION

DATE OF PURCHASE:
MANUFACTURER:
DESCRIPTION:
MEETS ASTM F 2413-11 STANDARD: [] YES [] NO
COST OF BOOT OR SHOE:

FOR TYNDALE ONLY

BOOT REIMBURSEMENT AMOUNT: \$
PROCESSING FEE: \$15.00 PAID BY EMPLOYEE'S ALLOWANCE