



**CITY OF PETALUMA**  
**Work Boots Reimbursement Form**

*To be completed by Employee*

**Employee Information**

Employee Name \_\_\_\_\_ Position \_\_\_\_\_ Employee Number \_\_\_\_\_

Employee Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Place of Purchase: \_\_\_\_\_

**I certify that I purchased work boots in the amount requested for reimbursement**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**You must attach the original receipt to have this reimbursement processed**

*To be completed by Department Director / Manager*

**Department Approval**

Total amount authorized for reimbursement: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

**I authorize reimbursement for work boots**

Signature Director / Manager \_\_\_\_\_ Date \_\_\_\_\_