



**CITY OF PETALUMA
Work Boots Reimbursement Form**

Eligibility criteria, frequency, reimbursable limits and provisions, and covered expenses are provided in the applicable memorandum of understanding (MOU). Please refer to the provisions and limits specified in the applicable MOU when completing.

To be completed by Employee

Employee Information

Employee Name _____ Employee Number _____

Position Title _____ Bargaining Unit _____

Employee Mailing Address _____ Street _____ City _____ Zip Code _____

Date of Purchase: _____ Total amount for reimbursement: _____

Employee Signature _____ Date _____

I certify that I purchased work boots in the amount requested for reimbursement. Attach the original receipt to have this reimbursement processed.

To be completed by Department Director / Manager

Department Approval

Please refer to the provisions and limits specified in the applicable MOU covering the employee when completing.

Total amount authorized: _____ Account # to be Charged: _____

Current Fiscal Year: _____ Amount approved to date in current Fiscal Year: _____

I authorize reimbursement for work boots:

1. Approval of Immediate Manager

Signature of Immediate Manager _____ Date _____

2. Final Approval of Department Director

Signature of Department Director _____ Date _____