

# Department of Streets & Sanitation

## Laborer Safety and Shoe Reimbursement

Please complete the following form and attach your original sale receipt.

Name of Store purchased from: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Make of shoe: \_\_\_\_\_

Supervisor name: \_\_\_\_\_  
(please print)

\*\*Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

Failure to completely fill out this form or attach the original sales receipt may result in delay in your reimbursement.

\*\*By signing this forth, the supervisor is certifying that he/she has inspected the safety shoes purchased and deems them to be eligible for reimbursement.

Employee Name: \_\_\_\_\_  
(Please Print)

Social Security # last four digits: \_\_\_\_\_

Employee Ward: \_\_\_\_\_ Employee Payroll: \_\_\_\_\_