

**CITY OF CHICAGO  
DEPARTMENT OF TRANSPORTATION  
Safety Shoe Reimbursement (Laborer's Only)**

*Please Print*

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Division/Section: \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_

Purchase Price of Shoes: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date

***\*ATTACH ORIGINAL STORE RECEIPT BELOW***

FOR OFFICE USE ONLY

*Management Authorization:*

*Signature:* \_\_\_\_\_

*Title:* \_\_\_\_\_

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