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: _____