



### Safety Shoe Reimbursement

Personal Information			
Last Name	First Name	Position	
For Calendar Year	Amount of Claim	Purchase Price	Place of Purchase

I have attached receipt to this form and submitted it to my supervisor. I understand that without a receipt this document is void. Also, I understand I will not receive this reimbursement until I have completed 90 days of employment with Gateway.

---

Applicant's Signature Date Signed

---

Supervisor's Signature Date Signed