



SAFETY SHOE REIMBURSEMENT FORM

Employee Name/(New Hire): _____

Employee ID#: _____

Work Location: _____

Address to send Check: _____

Employee Phone#: _____

Supervisor's Name: _____

Supervisor Contact #: _____

Make & Design of Shoe: _____

ANSI distinction on Shoe/Boot: _____

Cost of Shoe/Boot: _____

Amount Reimbursed: _____

Employee Allowance Bal.: _____

Supervisor sign off: _____

Please Be Sure To Attach Receipt To Verify Payment

**Tyndale Company, Inc.
5050 Applebutter Rd.
Pipersville, PA 18947
Phone: (800) 356-3433
FAX: (215) 766-5661**