

Heard PEI UNIFORM REIMBURSEMENT REQUEST FORM

To be completed by Employee

EMPLOYEE NAME: _____ POSITION: _____

DEPARTMENT: _____ FACILITY: _____ UNION: _____

Reimbursement for uniforms is permitted for those who qualify under the article in their respective unions. Safety footwear when required and approved under conditions of their position and union, shall be reimbursed to the maximum allowed providing proof of purchase of CSA approved footwear. Reimbursement is allowed on a one time basis during each fiscal year (April 1st - March 31st).

To be completed by Department Manager/Supervisor

INVOICE DATE: _____

INVOICE NO: _____

INVOICE DESC: _____

	Dept	Service	Facility	Primary	Secondary	Program	Amount	
G/L No.:						000000		
G/L No.:						000000		
GST						000000		
Total								

Details: _____

Prepared by: _____ Date: _____

Approved by: _____ Date: _____