



Department of Technical Services

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Reimbursement for Prescription Safety Glasses & Safety Footwear

Employee Name: _____ Date: _____

Employees purchasing prescription Safety glasses will be reimbursed by Memorial University for up to \$150 every two years. Safety footwear will be reimbursed up to \$250.00 every two years.

Please complete and submit this form to your supervisor for approval. The original receipt must be attached.

Footwear: Glasses:

Amount to be reimbursed: _____

Employee Signature: _____ Date: _____

Manager/Supervisor Signature: _____ Date: _____

To be completed by Technical Services Main Office

Date of Last Issue: _____

Confirmed/Approved by: _____ Date: _____

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information collected on this form will be used for the purpose of providing reimbursement for personal protective equipment and will only be shared with Financial and Administrative Services.

If you have any questions about the collection and use of this information please contact Technical Services' Main Office.

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