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.