



Steward Observatory

Safety Footwear Purchase Authorization

Date: _____

This form is to authorize _____ to purchase safety footwear.
(Employee Name)

The employee will pay all expenses and be reimbursed the cost of the footwear or \$120.00; whichever is the lesser amount. There are no restrictions on the style or brand of said footwear; however, the employee must provide proof of the following:

- footwear meets or exceeds the ASTM F2413 or ANSI Z41 standards
- this completed signed form
- a valid receipt/invoice
- submit to the Safety Officer for reimbursement within 90 days

It is the responsibility of the employee to provide evidence that existing safety shoes require replacement. Except in the case of accident/damage to the shoes, replacement will not be approved more than once per year.

Once an employee is reimbursed for the safety footwear, they are required to wear them on the job.

Employee Printed Name

Employee Signature

Supervisor Signature

Safety Officer Signature

Account Number

Project Number