



# Shoe/Protective Eyewear Reimbursement Form

<b>(1) Filing Information</b>			
Employee Name:		Department:	
Date:		Supervisor:	
<b>(2) Items of Purchase</b>			
Description		Cost	
Explanation:			
<b>(3) Acknowledgements</b>			
<p>I hereby acknowledge receipt and understanding of the shoe reimbursement.</p> <ul style="list-style-type: none"> <li>— I understand that a maximum of \$100.00 per year can be refunded towards a safety shoe purchase and \$150 every two years can be refunded towards safety eyewear with a valid receipt.</li> <li>— I understand if employment through Faircast Inc. is terminated before my 90-day probationary period is concluded I will be deducted the full amount of purchase from my final paycheck.</li> <li>— I understand that the receipt of purchased item must be attached to this reimbursement form and legitimacy of purchase must be verified by representing witness.</li> </ul>			
Employee Signature:		Date:	
Witness Signature:		Date:	