

CITY OF CHICO – SAFETY FOOTWEAR REIMBURSEMENT FORM (LOCAL 39)

(Pursuant to provisions of the Memorandum of Understanding between the City of Chico & Stationary Engineers, Local 39)

SECTION I - EMPLOYEE INFORMATION

EMPLOYEE NAME: _____

Employee #: _____

JOB TITLE: _____

I hereby certify I purchased Safety Footwear for which, pursuant to the MOU, I am eligible to be reimbursed, not to exceed \$200.00 per biennial period (which begins January 1st of odd-numbered years and ends on December 31st of even-numbered years). I have provided proof of purchase (a dated, itemized receipt along with product details/photo), which is attached.

Signature: _____

Date: _____

(Forward this form to WWTP Manager)

SECTION II – WWTP MANAGER CERTIFICATION

I hereby certify the above-named employee purchased Safety Footwear to which he/she has certified above.

Signature: _____

Date: _____

(Forward this form to the Human Resources/Risk Management Office)

SECTION III – HUMAN RESOURCES / RISK MGMT	SECTION IV – FINANCE OFFICE ACTION
<p>I hereby certify submitted expenses have been appropriately logged.</p> <p>Signature: _____</p> <p>Date: _____</p> <p align="center">(Forward this form to the Finance Office)</p>	<p>I have verified the attached receipts purchased during biennial period 20__/20__ total \$_____.</p> <p>The employee is entitled to:</p> <p>\$_____ Non-Taxable Reimbursement (Pay code _____)</p> <p>\$_____ Taxable Reimbursement (Pay code _____)</p>