

EMPLOYEE WORK BOOTS REIMBURSEMENT FORM

1. EMPLOYEE INFORMATION

Employee Full Name: _____

Job Title / Role: _____

Department: _____

Employee ID Number: _____

Manager / Supervisor Name: _____

2. PURCHASE DETAILS & REIMBURSEMENT REQUEST

Date of Purchase: _____ / _____ / 20____

Store / Vendor Name: _____

Boot Brand & Model: _____

Total Amount Paid (w/ Tax): \$ _____

Requested Reimbursement Amount: \$ _____

3. POLICY & COMPLIANCE CHECKLIST

☐ **Original Receipt Attached:** I have attached the itemized store receipt showing payment confirmation.

☐ **Safety Standard Met:** The purchased boots meet company and OSHA safety requirements (e.g., steel/composite toe, slip-resistant, electrical hazard rating if applicable).

☐ **Eligibility Period:** This purchase falls within my allowable frequency under current company safety gear policy.

4. ACKNOWLEDGMENT & AUTHORIZATION

By signing below, I certify that the information provided above is true and accurate, and that the protective footwear listed was purchased strictly for work-related usage.

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____

Board Signature: _____

Date: _____

Please submit this completed form along with your original itemized receipt to your direct supervisor or HR department for processing.

Order Summary

Order placed August 11, 2026 | Order # 114-5537460-8993018

Ship to	Payment method	Order Summary	
Daniel B Smith 9430 CERRA VISTA ST APPLE VALLEY, CA 92308-9076 United States	Visa ending in 3213 Amazon gift card balance View related transactions	Item(s) Subtotal:	\$82.99
		Shipping & Handling:	\$0.00
		Total before tax:	\$82.99
		Estimated tax to be collected:	\$6.43
		Gift Card Amount:	-\$29.70
		Grand Total:	\$59.72

Delivered August 17
Package was left in a secure location



[SUREWAY 6in Wedge Moc Toe Work Boots for Men, Leather, Steel Toe](#)
Sold by: [SUREWAY-US](#)
Return or replace items: Eligible through September 12, 2026
\$82.99

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Apple Valley Foothill County Water District

POLICY HANDBOOK

POLICY TITLE: **Uniforms and Protective Clothing**

POLICY NUMBER: **2090**

2090.1 The cost of work shirts with company logo and/or personal protective clothing, reflective vests, safety glasses, gloves, hard hats, hearing protection, respirators, face masks, etc., that employees are required to wear shall be purchased and supplied by the District.

2090.2 The District will make a boot reimbursement up to \$50.00 every two years.

APPROVED ROLL CALL VOTE: Silva-Houts, Suzi Smith, Scott Drake, Susan Mulvaney, Harold Nobles