

Health PEI UNIFORM REIMBURSEMENT REQUEST FORM

To be completed by Employee

EMPLOYEE NAME: _____ POSITION: _____ EMPLOYEE # _____
 DEPARTMENT: _____ FACILITY: _____ UNION: _____

Reimbursements for uniforms are permitted for those who qualify under the article in their respective unions. Safety footwear when required and approved under conditions of their position and union, shall be reimbursed to the maximum allowed providing proof of purchase of CSA approved footwear.
 Reimbursement is allowed on a one time basis during each fiscal year (April 1st - March 31st).

To be completed by Department Manager/Supervisor

INVOICE DATE: _____
 INVOICE NO: _____
 INVOICE DESC: _____

	Dept.	Service	Facility	Primary	Secondary	Program	Amount
G/L No.:						00000	_____
G/L No.:						00000	_____
GST						00000	_____
Total							_____

Details: _____

Prepared by: _____ Date: _____
 Approved by: _____ Date: _____