



Please send reimbursement form and proof of purchase to marketing@lensauto.net

SHOE / BOOT REIMBURSEMENT REQUEST FORM

EMPLOYEE NAME		SHOP LOCATION	
EMPLOYEE EMAIL ADDRESS	EMPLOYEE PHONE #	TODAY'S DATE	

- I. I request reimbursement for the purchase of boots/shoes required for use on my job with Len's Auto Repair.
- II. Len's Auto Repair will reimburse up to \$150 a year to the cost of approved boots/shoes.
- III. Employees shall purchase their boots/shoes at any retail facility that they choose using their own funds.
- IV. Employee must submit a copy of the receipt for their boots/shoes for approval prior to reimbursement.
- V. If boots/shoes are returned, employee will notify Len's Auto Accounting Department. Any employee requesting reimbursement consents to random audits to ensure boots/shoes have not been returned. Any employee who receives reimbursement for boots/shoes from Len's Auto Repair but returns said product without informing Len's Auto Repair will be subject to disciplinary action.

RETAILER LOCATION: _____ PURCHASE DATE: _____

PURCHASE PRICE (INCLUDING TAX): _____

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____

ADMINISTRATIVE USE	
<input type="checkbox"/> Employee has submitted proof of purchase	Amount Reimbursed: _____
<input type="checkbox"/> Purchase date is valid	Form of Payment: _____
<input type="checkbox"/> Employee has not gone over maximum \$150 reimbursement	
Signature: _____	Printed Name: _____ Date: _____