



**LOWER COLUMBIA COLLEGE  
CLASSIFIED PPE FOOTWEAR PURCHASE FORM**

**EMPLOYEE SECTION:**

Name: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ (\$200 Max/every 2 yrs) \*Attach original receipt

**SELECT PURCHASE METHOD:**

Purchased myself & submitting for reimbursement

Purchased at Bob's with voucher

Online purchase for HR to make on my behalf

○ Shoe Model Number / Info: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

○ Vendor Name/Website: \_\_\_\_\_

○ Additional Info (optional): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

**SUPERVISOR SECTION: Route to Finance when employee selects reimbursement or voucher.  
Route to HR for online purchase.**

Amount Approved: \$ \_\_\_\_\_ Dept Budget: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature Date

**HR SECTION:**

\_\_\_\_\_  
HR Signature Date Date Ordered: \_\_\_\_\_