



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

EMPLOYEE SECTION:

Employee ID: _____ Name: _____

Position: _____ Supervisor: _____

Department: _____ Amount Requested: \$ _____ (\$200 Max/every 2 yrs)

SELECT PURCHASE METHOD:

- Purchased myself & submitting for reimbursement ****Attach original receipt***
- Purchased at Bob's with voucher
- Online purchase for HR to make on my behalf

Shoe Model Number / Info: _____

Shoe Size: _____ Date of Purchase: _____

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: _____

Budget Approver: _____

Supervisor Signature Date

HR SECTION:

HR Signature Date