



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 Ordered: _____