

LIGHTING**ELECTRICAL**

HUNTSVILLE
 2880 Bob Wallace Ave,
 P.O. Box 7267
 Huntsville, AL 35807
 Main Phone (256) 533-2851
 Fax (256) 533-6316

CULLMAN
 (256) 734-5670
 Fax (256) 734-5652

GADSDEN
 (256) 547-0542
 Fax (256) 547-9714

CHATTANOOGA
 (423) 508-8300
 Fax (423) 475-5635

JASPER
 (205) 384-1841
 Fax (205) 384-1315

ALBERTVILLE
 (256) 894-8975
 Fax (256) 279-0885

SHEFFIELD
 (256) 381-7240
 Fax (256) 386-7143

BIRMINGHAM
 (205) 322-2600
 Fax (205) 949-0786

MONTGOMERY
 (334) 279-9050
 Fax (334) 277-5705

TUSCALOOSA
 (205) 752-5252

TRUSSVILLE
 (205) 655-8560
 Fax (205) 655-8520

AUBURN
 (334) 821-9747
 Fax (334) 821-9797

RINGGOLD
 (706) 965-7997
 Fax 706-965-7301

PELHAM
 (205) 982-7511
 Fax (205) 982-7565

ATHENS
 (256) 233-0444
 Fax (256) 444-4648

SPRING HILL
 (931) 489-9000

SAFETY SHOE REIMBURSEMENT FORM

Employee: Attach the original receipt and this signed form and give to your Branch Manager for review and approval. As a reminder, the maximum reimbursement amount is not to exceed \$150.00, and an employee may only have one safety shoe reimbursement per calendar year.

By signing, you agree that if you are a newly hired or rehired employee, and you leave employment with Inline Electric within six months of being hired or rehired, the reimbursement amount will be deducted from your final paycheck.

Employee Name (Print)

Date

Employee Signature

Date

Amount requested for reimbursement: _____

Manager: Verify that the purchased shoes meet the minimum requirements, the original receipt is attached, and the reimbursement amount does not exceed \$150.00. Forward approved forms to HR for processing.

Manager Signature

Date