

**SCHEDULE "A"****SAFETY APPAREL & SAFETY FOOTWEAR REIMBURSEMENT FORM**

Name of Employee: _____

Address: _____
Box Town Province Postal Code

I, hereby do apply for:

A maximum cost of \$ 300.00 (three hundred) dollars for approved footwear and apparel as per Policy.

Receipt for proof of purchase is attached.

Employee Signature Date: _____

Approved For Reimbursement

Health and Safety Coordinator Date: _____