



SAFETY SHOE AUTHORIZATION FORM



By signing section 1 below, I, employee agree to buy shoes/boots that meet City of Denton standards. It is my responsibility to wear safety shoes on a daily basis while on the job.

SECTION 1: To Be Completed By Department Representative	
Employee Name:	Employee Signature to the above statement:
Date of issue:	Authorized Name:
Expiration Date: 10 DAYS FROM ISSUE DATE	Authorized Signature:
Employee #:(if applicable)	PO Number/P-card #:

Red Wing Shoe Retailer:

1. Foot protection shall meet the following minimum requirements: any Safety Toe shoe/boot which meet ASTM F2413-05 M I/75 C I/75---standards for impact and compression.
2. This safety shoe authorization form is valued at \$ _____ once per calendar year. Any amount over the subsidy must be paid at time of purchase. No cash reimbursements. Employees must show a valid ID at time of purchase.
3. Do not accept this form without an **authorized** signature. If you have any questions, please call Purchasing at 940.349.7100.
4. Please forward invoice and a copy of this voucher to City of Denton, 215 McKinney St., Denton, TX 76201-4299, Attention: Accounts Payable.

SECTION 2: To Be Completed By Red Wing Dealer	
Style:	Price: \$
Size:	Tax: \$
Width:	Total: (amount to invoice) \$
Date of Sale:	Less Subsidy \$
<u>Employee signature:</u>	Amount to deduct \$