

Approved Employee Garments for Metal Free Dress Code

Employee: _____

EID: _____

Item #1: _____ Cost: _____

Approved By: _____ Signature: _____ Date: _____

Item #2: _____ Cost: _____

Approved By: _____ Signature: _____ Date: _____

Item #1: _____ Cost: _____

(N/A for temp/per-diem employees)

Approved By: _____ Signature: _____ Date: _____

Comments:

| |
|--|
| Total # of items purchased: Total Cost: Total Reimbursement: |
|--|