SAFETY FOOTWEAR AUTHORIZATION/ORDER FORM

EMPLOYEE INFORMATION:

Employee Name: ______________________________________

Assigned FM Crew: ______________________________________
(i.e. custodial, grounds)

Supervisor: ______________________________________
(Print name)

Supervisor Signature: ______________________________________

Date: ______________________________________

VENDOR INFORMATION: (Minnesota Surplus, Bear Shoes, Tradehome Shoes, Red Wing Shoes)

Business Name: ______________________________________

Shoe Description/model number: ______________________________________

Price: _________________________

Date Purchased: _________________________

Print Name: ______________________________________

Signature: ______________________________________

UMD is not responsible for purchases when forms are unsigned or for purchases exceeding $125.00. Please request positive identification that matches the employee name on this form. A copy of this form must accompany corresponding invoice to UMD. Invoices can be mailed to the address above Attn: Accounts Payable.