

Uniform Allowance Authorization

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| Establish Allowance | Change Allowance |

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| **EMPLOYEE DATA** | |
| **Name:** | **Ship to Address** |
| **UIN:** | **Street:** |
| **Email:** | **City:** |
| **Tel#:** | **Zip:** |
| **Fax#:** |  |

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| ALLOWANCE DATA | |
| **Allowance Amount:** | Required Daily Use - $550 Year 1/$300 Succeeding Years  Required Occasional Use - $275 Year 1/$150 Succeeding Years |
| **Beginning Date:** |  |

**Comments:**

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| **APPROVAL** | | | | |
|  |  |  |  |  |
|  | **Print Supervisor Name** |  | **Supervisor Signature Date** |  |

After supervisor approval, fax to 979-458-6622 or email to <mailto:mkarns@tfs.tamu.edu>.