

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.