**Uniform Allowance Reimbursement Request Form**

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| **Employee Name:** |  | **Date:** |  |
| **L Doc #:** |  |
| **UIN #:** |  | **Amount:** |  |
|  |  | **Acct #:** |  |

**Eligibility**

Employees with a uniform allowance may: (1) purchase uniform boots or have their wildland fire boots resoled or rebuilt by the manufacturer with personal funds and be reimbursed up to $300 of the cost (including shipping charges) from their uniform allowance; and (2) purchase agency authorized business casual items from K&L with personal funds and be reimbursed for up to $100 of the cost (including shipping charges) from their uniform allowance. To be eligible for reimbursement, the following requirements must be met:

1. Employee must have a need for uniform boots or business casual items.
2. State sales tax charges must be paid to the vendor and are not eligible for reimbursement.
3. Reimbursement may not exceed available uniform allowance balance.
4. Reimbursement request must be submitted to A/P within 90 days of purchase and **must be accompanied with original receipts**.
5. Reimbursement request may not be split across two fiscal years’ uniform allowance.
6. The boots must meet the following minimum specifications:

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| **Work Boot** | 6” High, Lace-up, Welt construction, Predominantly dark brown all leather upper (or man-made material) w/black outer sole |
| **Wildland Fire Boot** | Minimum 8” high, Lace-up, All leather upper, Vibram-type, melt resistant sole, No steel toe, No zipper, No nylon, No insulation |

1. The K&L business casual items must be from the catalog on the agency [Logo Business Casual Items](http://tfsweb.tamu.edu/apparel/) web page.
2. Uniform boot reimbursements are limited to once every three years.

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| **Voucher Preparer:**  **Name:**  **Tel#:** | **Employee Certification:** I certify that these uniform expenses are true, correct and conform to Administrative Procedure 30.08.  **Signature** **Date** | |
| **Supervisor’s Certification:** To the best of my knowledge, the uniform expenses are true, correct and comply with agency Administrative Procedures.  **Name:**    **Signature Date** | | **Agency Uniform Coordinator Certification:** The request meets the eligibility requirements. The employee’s uniform allowance with the contract uniform vendor has been reduced by the amount of requested uniform allowance reimbursement.    **Signature Date** |