



PROTECTIVE CLOTHING AND/OR PROTECTIVE FOOTWEAR REIMBURSEMENT REQUEST

State Form 55034 (R2 /11-13)

Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF TRANSPORTATION

Complete the following section for reimbursement of protective clothing and/or protective footwear

Name of Employee		PeopleSoft Number	Employee Hire Date (month, day, year)	
Employee's Address (number and street)	City	State	ZIP Code	
Today's date (month, day, year)	District/Division	Date of last reimbursement (month, day, year)		

Employment status Full-time with compensatory benefits Part-time, Intermittent (Seasonal) without compensatory benefits

Protective clothing and/or protective footwear purchased	Protective clothing and/or protective footwear sizes	Protective clothing and/or protective footwear total purchase amount
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I acknowledge that I perform work activities outside of the office and I will wear the protective clothing and/or protective footwear purchased through the INDOT protective clothing and/or protective footwear reimbursement program.

Signature of Employee	Date signed (month, day, year)
Signature of Supervisor	Date signed (month, day, year)

INDOT Central Office Accounting Initials

Once you have completed this form, submit the completed Protective Clothing and/or Protective Footwear Reimbursement Request form and completed Vendor Information Form (SF 53788), when applicable, to your supervisor to begin the Protective Clothing and/or Protective Footwear reimbursement process.

For Finance Use Only

Total Amount Available for protective outerwear reimbursement		
Previous Purchases		
Remaining balance to reimburse		