

Uniform and Work Clothing Reimbursement Request

Fiscal Year _____

Employee Name: _____

Social Security #: _____

Date of Claim: _____

Purchase Date	Item Description	Amount Claimed
	Total Claim:	\$

The receipt for the above listed purchase(s) is attached. The uniform/work clothing was purchased from the designated vendor (The Superior Uniform Group). I certify that this claim is true and accurate to the best of my knowledge and belief and that payment or credit has not been received by me. The items purchased were in accordance with the Poultry Programs Uniform and Work Clothing Policy (AMS PY instruction 370-2).

Employee's Signature

Date

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Approved for payment by: _____
Supervisor's Signature

Date

Program Code: _____

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For Timekeeper use only

This claim was entered in Star Website in Pay Period _____ . Timekeeper Initials: _____