U.S. Department of Energy
Environmental Management Consolidated Business Center

Reimbursement Request

Personal Protective Equipment

Site/Office:	PO:
	Mod*:

FEOSH/Safety Official (Print & Sign) Date

Authorizing Official (Print & Sign) Date

Approving Official (Print & Sign) Date

Employee Information

Employee Name: _____

Personal Protective Equipment Purchased: _____

Amount of Purchase: _____

(Safety Shoes – NTE - $200 Safety Glasses – NTE - $500)

ATTACH ALL RECEIPTS

Employee Signature Date

Accounting Data (current action)

Fund	AY	All	R/E	Program	Project	Obj	WFO	L/U	Amount

Total Change: _____

Cumulative Totals*

Previous Total	
Current Action	
Revised Total	

Funds Certifying Official Date

Budget Analyst Date