

# Downers Grove Sanitary District

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## *Outerwear Reimbursement Form*

***(This form is valid towards the purchase of outerwear to be worn by the employee during work – employee will receive reimbursement after the next board meeting once the purchase is approved.)***

### Section 1 - Request for Outerwear Reimbursement

Employee Name:  _____	Supervisor approving Reimbursement (select one):	JPB
Employee Signature: <i>(Employee is to sign below at the time of request for reimbursement)</i>	Supervisor Signature: <i>(Supervisor should sign below once Employee has provided sufficient documentation that the outerwear was purchased and is appropriate for the Employee's assigned job duties)</i>	DRB
		TTC
		MRM
		RPS

### Section 2 – Outerwear Purchase Information

Store Where Purchased: \_\_\_\_\_

Attach receipt identifying outerwear item and out-of-pocket cost for Employee

Amount of Purchase: \$ \_\_\_\_\_

Amount to be reimbursed (actual expenses up to \$250.00): \$ \_\_\_\_\_

Coding (for Supervisor): 01-\_\_\_\_\_.B117

**NOTE: Employee is responsible for any amount over the calendar year maximum of \$250.00 (which shall include the purchase of logo t-shirt orders)**