

Downers Grove Sanitary District

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Prescription Safety Glasses Reimbursement Form

(this form is valid towards the purchase of prescription safety glass wear to be worn by the employee during work)

Section 1 - Request for Prescription Safety Glasses

Employee Name: <hr/>	Supervisor approving reimbursement (select one): Supervisor Signature: <i>(Supervisor should sign below once Employee has provided sufficient documentation that glasses purchased meet the requirements of "safety glasses" and are labeled as such – should include side shields)</i>
Employee Signature: <i>(Employee is to sign below at the time of request for reimbursement)</i>	

Section 2 - Glasses Purchase and Insurance Information (supporting docs must be attached)

- Store Where Purchased: _____
- Proof that Claim was submitted to Insurance (attach proof – carrier should provide EOB)
- Receipt identifying glasses as “safety glasses” and out-of-pocket cost for employee

Amount of Purchase: \$ _____

Amount to be reimbursed (actual expenses up to \$150.00): \$ _____

Coding: 01-_____.B117

NOTE: Employee is responsible for any amount over \$150.00