



Work Boot Reimbursement Voucher

For reimbursement forward completed form and original receipt to:
1307 Cloquet Ave
Cloquet, MN 55720
Phone: 218-879-3347
Fax: 218-879-6555

Purchased/Repaired from: _____

Address: _____

Date Purchased/Repaired: _____

Brand/Make: _____

Minimum Work Boot Requirements:

- Oil Resistant
- Slip Resistant
- Ankle Support
- Steele or Composite Toe
- All Leather Upper (Including tongue)
- ASTM ASTM F2413 - 11 compliant

I affirm the boots purchased under the City of Cloquet Protection Safety Policy meet or exceed all the requirements outlined within the policy.

Employee: _____ (Signature) _____ (Printed Name)

Work Location: _____

Reimbursement Amount: _____
(\$100.00 maximum)

Authorized By: _____
(Supervisor)

Notes: _____

Department Head _____
Approved for Payment

Payroll/HR: _____
File in personnel file for 1 year