

DEFENSE, VETERANS AND EMERGENCY MANAGEMENT REIMBURSEMENT FOR PRESCRIPTION SAFETY EYEWEAR

The following document is a request for reimbursement for Prescription Safety Eyewear as provided in the Maine Department of Defense, Veterans and Emergency Management Policy 24-09.

Employee: _____ Classification: _____

Work Location: _____

Section I – Training Certification

I certify that I have received training on the proper use of Eye/Face Personal Protective Equipment and the department's Prescription Safety Eyewear Reimbursement Policy 24-09.

Employee Signature: _____ Date: _____

Section II – Eligibility

I certify that the employee named above has met the eligibility requirements of DVEM Policy 24-09:

- Employee works in a covered classification
- Employee is a permanent employee or a seasonal employee with at least two seasons of work experience; and
- Employee has not filed for reimbursement in the past year

Certified By: _____ (Name of Supervisor)

Supervisor Signature: _____ Date: _____

Section III – Inspection and Receipt

Attached to this form is a receipt for prescription safety eyewear. I have inspected this eyewear and verify that it meets the ANSI Z87.1 standard.

Initials of Supervisor: _____ Date: _____ Purchase Amount: _____

ACCOUNTING PAYMENT CODE:

_____	_____	_____	_____	_____	\$75.00
Fund	Agency	RepOrg	Appr	C&0	Amt of Reimbursement

Payment Approved By: _____ Date: _____

Human Resources Director: _____ Date: _____