SAFETY FOOTWEAR AUTHORIZATION/ORDER FORM

EMPLOYEE INFORMATION:

Employee Name: ____________________________________________

Assigned FM Crew: __________________________________________
(i.e. custodial, grounds)

Supervisor: _________________________________________________
(Print name)

Supervisor Signature: _______________________________________

Date: _______________________________________________________

VENDOR INFORMATION:  (Minnesota Surplus, Bear Shoe, Tradehome Shoe, Red Wing Shoes)
(Vendor must fill out information below completely.)

Business Name: _____________________________________________

Full Shoe Description: ________________________________________

Model Number: ______________________________________________

Price: ______________________________________________________

Date Purchased: _____________________________________________

Print Name: _________________________________________________

Signature: __________________________________________________

UMD is not responsible for purchases when forms are unsigned or for purchases exceeding $125.00. Please request positive identification that matches the employee name on this form. A copy of this form must accompany corresponding invoice to UMD. **UMD is only responsible for safety toe footwear.**

**Invoices can be mailed to the address above Attn: Accounts Payable or emailed to: umdfmap@d.umn.edu**