



LOS ANGELES COMMUNITY COLLEGE DISTRICT
INTER-OFFICE CORRESPONDENCE Choose an item.

Date: [Click here to enter a date.](#)

To: District Accounts Payable

From: [Click here to enter text.](#)

Subject: Safety Shoe Reimbursement for Local 1521A & Building & Trades

The employee listed below has purchased a qualifying safety shoe and is entitled to reimbursement up to the allowable amount per the Agreement between the Los Angeles Community College District and the employee's local union. The employee has met the following conditions in order to receive reimbursement:

1. The employee has submitted an original receipt for the purchase of the footwear within 60 days of the purchase.
2. The supervisor has certified that the shoe is designated as "safety footwear" by its manufacturer. (A safety shoe is defined as any closed-toe, non-slip shoe designated as a safety shoe by its manufacturer).
3. The original receipt has been attached to this memo which has been signed by the employee, employee's immediate supervisor, and the VP of Administration before being forwarded to District AP for processing.

Employee is a member of (check one):

- Building & Trades (Employee is entitled to up to \$150.00 per fiscal year – see CBA Article 21e)
- AFT, Local 1521A (Employee is entitled to up to \$50.00 per fiscal year – see CBA Article 9.D)

Employee Name (print) [_Click here to enter text.](#) Employee # [Click here to enter text.](#)

Employee Signature _____

Reimbursement Request \$ [Click here to enter text.](#) Purchase Date [Click here to enter a date.](#)
Fiscal Year [Choose an item.](#)

Charge this expenditure to the following account: [Click here to enter text.](#)

Employee's Supervisor:	Supervisor Signature:	Date:
Click here to enter text. (type name)	_____	

VP of Administration:	VP of Administration Signature:	Date:
Click here to enter text.	_____	