



SAN ANTONIO WATER SYSTEM PROTECTIVE FOOTWEAR VOUCHER

Issue Date: _____
Expires 15 days after date of issue

This voucher entitles the employee to one pair of specified Safety footwear at or below the value of this voucher. Employee is responsible for paying the difference above this value plus tax. This voucher can only be used at one of the vendors listed below. Section A must be completed at the time of issue. Refer to *Footwear Option Orientation Table* and place a check next to the required and/or recommended features. **VOUCHER VALUE \$110.00**

Pre-Approved Vendors: Vendor Name –Vendor Address
Vendor Name –Vendor Address
Vendor Name – Vendor Address

Lawson instructions: Requisition must be issued for the value of **\$110.00** and approved PO # must be written on this voucher before it is issued to employee. Include receiver number when employee returns vendor receipt and white copy of this voucher. Change order required if the actual cost of footwear is less than the \$110.00 value.

Lawson#: xxxxx **Requisition#:** _____ **PO#:** _____ **Receiver#:** _____

TO BE COMPLETED BY SUPERINTENDENT/MANAGER (SECTION A)

Employee Name (Print): _____ Kronos #: _____

Job Title: _____ Accounting Unit#: _____

Required Features: **ASTM 2413
I/75 C/75** **ABOVE
ANKLE** **ELECTRICAL
HAZARD** **PUNCTURE
RESISTANT**

Recommended Features: **WATER RESISTANT** **WATER PROOF** **METATARSAL GUARD**

Authorizing Signature _____ Title _____ Work Ph. _____

TO BE COMPLETED BY VENDOR

Vendor must verify the purchased footwear meets the requirements checked above as "Required features".

DATE OF PURCHASE: _____ SIZE: _____ MANUFACTURER: _____ STYLE NUMBER: _____

Price: \$ _____ Company Representative Signature _____

Price Difference* (plus tax): \$ _____ X _____

***Price Difference above the \$110 voucher amount must be paid in full by employee at time of purchase.**

Vendor Name and Location: _____

VENDOR'S INSTRUCTIONS: After this form is complete, return the white copy to the employee with a receipt or invoice. Retain the pink copy for your records. Submit the yellow copy with an original invoice for payment to the San Antonio Water System, Accounts Payable Department, P.O. Box 2449, San Antonio, TX 78298-2449.

TO BE COMPLETED BY EMPLOYEE

I have received the above referenced safety footwear & will use them for work. I will keep my footwear in good working conditions by following the manufacturer's maintenance recommendations. I have paid the difference at time of purchase. I have been informed and understand the warranty/return policies offered by the vendor.

Employee's Signature _____ Date Received _____

EMPLOYEE INSTRUCTIONS: Return the white copy of this form with the vendor's receipt to your supervisor.