

To:

Subject: **Safety Eyewear Authorization**

This form authorizes_____

Clock Number _____Department Number_____

To receive safety:

_____Frame & Lenses

_____Frame Only

_____Lenses Only

_____Template with Side Shields

_____Company will only pay for safety
eyewear which conforms to current ANSI Z87.1 standard.

The following allowance for the purchase of the safety
eyewear is available to the above named employee.

___Pay in full for approved safety glasses. (Max of \$85.00)

___Authorized repairs as checked above.

Signed:_____

Date: _____

This is NOT a purchase order.