



Brock University
Facilities Management Operating Procedures

Annex E Helmet Reimbursement Form

INSTRUCTIONS: Employee to complete all required information. Employee shows helmet to supervisor, attaches original receipt to form, and then gives to FM Administrator for processing reimbursement. Refer to FMOP 2-8 for further information.

	PLEASE PRINT	SIGNATURE
NAME:		
EMPLOYEE NO:		
UNION: NONE	CUPE 1295	CUPE 1295 STUDENT
MANAGER:		
GROUP:	MAINTENANCE & OPERATIONS	CPDC
	CUSTODIAL SERVICES	OTHER
TYPE OF HELMET:	CSA OR MTO APPROVED PER REQUIREMENTS	
- BICYCLE HELMET		
- UNLICENSED VEHICLE HELMET		
Note: Refer to your supervisor for specific PPE reimbursement provisions		
RECEIPT FROM:		
DATE OF RECEIPT:		
COMMENTS:		
DATE OF CLAIM:		
CHARGE TO #		