



## IAM/Boeing :: Joint Programs

### Health and Safety Institute

**Incomplete applications will be returned. (You must submit a new application once each calendar year.)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

BEMSID: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

**Total Shoe Cost:** \_\_\_\_\_  
**Original Itemized Receipt Required**

**I Purchased (check one):**

- Steel Toe Shoes
- Composite Toe Shoes
- Metatarsal Guarded Shoes
- Chemical Resistant Shoes
- Non-Slip / Slip Resistant Sole Shoes
- Anti-Static / Electrical Hazard Shoes
- Puncture Resistant Shoes

**Applicant Signature:** \_\_\_\_\_ **Budget/Dept. ID:** \_\_\_\_\_ **Mail Code:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

*I am requesting reimbursement for purchased safety shoes meeting all safety shoe requirements for use at Boeing Portland.*

**Portland (Mail to):** HSI, 19000 NE Sandy Blvd. Portland OR 97230 (The Boeing Company M/C 5P-50) (Phone): 1-800-854-1310

**Print Form**