



Portland Employees Only

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

Itemized Receipt Required



BEMS: _____

Last Name: _____ First Name: _____ MI: _____

Employee's Manager: _____

Total Shoe Cost: \$ _____ Itemized receipt required

Don't forget to mention you're a Boeing employee when purchasing your safety shoes!

I purchased (check one):

- Steel-toed Shoes, Composite-toed Shoes, Metatarsal Guarded, Chemical Resistant Soles, Non-Slip Resistant Soles, Slip Resistant Soles, Anti-Static / Electrical Hazard Shoes, Puncture-Resistant Shoes

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

Applicant Signature: _____ Today's Date: _____

Mail Code: _____ Contact Phone: (____) _____

Send Completed forms and Itemized Receipt to: Email (Portlandjointprograms@boeing.com) or HSI 19000 NE Sandy Blvd. M/C 5P-50 Portland, OR 97230 Phone: 1-800-854-1310

Privacy Statement: Information I am providing on this form is specifically for the Safety Shoe Reimbursement program. Please visit the Global Privacy site for additional information: Internal: https://globalprivacy.web.boeing.com/privacy-notice.asp?ID=7409, External: https://boeing.com/privacy/notice-7409.html