

Glasses Purchase Reimbursement Slip

Employee Name:	<input type="text"/>
Employee ID:	<input type="text"/>
Department:	<input type="text"/>
Date of Purchase:	<input type="text"/>
Optical Store Name:	<input type="text"/>
Amount (USD):	<input type="text"/>
Reason for Purchase:	<input type="text"/>
Receipt Attached:	<input type="checkbox"/>

Employee Signature: _____ Date: _____

Manager Approval: _____ Date: _____