University of Windsor

FINANCE DEPARTMENT

EYE EXAM REIMBURSEMENT FORM

Applicable to ***Non Union Administration Full Time ONLY***

For the refund of eye exam costs once each 24 month period, to those Non Union Administration employees who spend the majority of their time operating VDT's.

Last Name: _____ **First Name:** _____

Middle Name: _____ **Employee I.D.:** _____

Faculty/Department/Business Unit: _____

Amount Refunded: _____

This reimbursement will be charged to the same business unit as your payroll and to object account .8295.14

DEPARTMENTAL AUTHORIZATION:

_____ _____

Name (please print) *Signature*

PLEASE ATTACH ORIGINAL RECEIPT ONLY FOR REIMBURSEMENT AND FORWARD TO PAYROLL

Submit Form To: Payroll Department. Any inquiries should be directed to this department at (519) 253-3000 ext. 2135