

Form E-1: Authorization for Purchase of Prescription Safety Eyewear



Department:

Complete items 1 through 10. **Charges cannot be made to a budget without an authorized signature on line 10 and cannot exceed 50% of the total cost of the package chosen by an eligible employee.**

Employee:

After your department has completed items 1 through 10, take this form to a participating vendor. **If you need to consult an eye doctor to obtain a lens prescription, you will be personally responsible for all costs related to your exam.**

The vendor must provide you with an itemized listing detailing costs for providing the prescription safety eyewear package you choose. If you decide to proceed, sign the form in the space provided and return to the vendor.

Participating Vendor:

Please attach to this form an itemized list of the costs for providing services and materials to university employees who present this form. **The employee is required to review these costs and sign this form before equipment is ordered or dispensed through the university prescription safety eyewear program.**

Departments may be billed for actual expenses incurred, but not exceeding, the amounts indicated on lines 7, 8 & 9 of this form if line #10 is signed by an authorized representative of the department. To receive payment, send an invoice, along with a completed copy of this form, to University of Idaho Accounts Payable, 875 Perimeter Dr MS 4244, Moscow, Idaho 83844- 4244.

All sales tax and costs in excess of the amounts indicated on lines 7, 8, & 9, or over 50% of the total cost of the package eyewear package chosen, are the responsibility of, and must be billed directly to, the undersigned employee below.

1) Department: _____ 2) Date: _____ 3) Phone: _____
4) Name of employee: _____ 5) Vandal Number: _____

The employee indicated above is authorized by the listed department to order, or have repaired, prescription safety eyewear from a participating vendor, according to the guidelines of the University prescription safety eyewear program. The vendor may bill the listed department's budget number (6) _____ for up to **50% of the total cost** of the eyewear package chosen (*excluding sales tax*), subject to the following limits:

7) Frames \$ _____
8) Lenses \$ _____
9) Other (include description) \$ _____
10) Authorized signature: _____

Participating vendor: please attach an itemized list of materials and services to this form.

Total cost: \$ _____
Less Departmental Contribution: (\$ _____)
Employee's Responsibility: \$ _____

Employee Agreement: I have reviewed the costs itemized and attached to this document and authorize the vendor to provide the services and materials described. **I accept responsibility for, and will pay in full, all related charges, less the contributions authorized by my department and itemized on lines 7, 8, & 9, of this document.**

Employee's signature: _____