

By using this form for your Safety Shoe purchase, Ancira will allow payroll deductions for repayment.



Commercial Account Voucher

• Valid for 30 days only •

Date of Issue:

Company Name: Dealership: Dept:

Address:

City, State, Zip:

Employee Name: Employee #:

***PLEASE SHOW CURRENT ID OR PAY STUB FOR THE VOUCHER TO BE VALID**

Authorized Amount Not to Exceed: \$ Employee is responsible for balance over authorized amount.

P.O. Number: (if applicable)

Branch/Department: (if applicable)

Authorized to Purchase:

~~_____ FR Non FR Qty. Amount not to exceed \$~~

~~Product Specifications/Requirements~~

~~Boots _____ FR Non FR Qty. Amount not to exceed \$~~

~~Product Specifications/Requirements~~

~~Overalls _____ FR Non FR Qty. Amount not to exceed \$~~

~~Product Specifications/Requirements~~

Work Boots Safety Toe Non Safety Toe Qty. Amount not to exceed \$

Product Specifications/Requirements Work boot must be steel or composite toe with non slip sole. All brands are authorized.

~~Accessories Insoles Qty. Boot Jacks Qty.~~

~~Rests Qty. Socks Qty. Amount not to exceed \$~~

~~Other Merchandise Amount not to exceed \$~~

Taxable Tax Exempt (Please submit a Tax-Exempt Certificate)

Authorized by:

Name: Authorized Signature: