



**City of Sevierville**  
120 Gary Wade Blvd.  
P.O. Box 5500  
Sevierville, TN 37864-5500

## Uniform Allowance Request For Reimbursement

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Amount to be reimbursed: \_\_\_\_\_ (Attach Original Receipt)

Description of uniform purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

.....

Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

City Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_