



## Vision Hardware Reimbursement Form

### GMEA

Upon completion of twelve (12) consecutive months of employment, full-time employees shall be entitled to reimbursement for VISION HARDWARE expenses not to exceed four hundred dollars (\$400.00). Employees will then be entitled to the same reimbursement every twenty-four (24) months thereafter. All reimbursements will be based on the date of purchase and all invoices must be submitted to Employee Benefits with this form within 60 days from the date of purchase.

Include ***original*** paid receipts and invoice, specifying what was purchased, along with the completed information below:

UNION            GMEA \_\_\_\_\_

NAME            \_\_\_\_\_

DEPARTMENT/PHONE NUMBER            \_\_\_\_\_

AMOUNT OF REIMBURSEMENT            \_\_\_\_\_

SIGNATURE            \_\_\_\_\_

DATE            \_\_\_\_\_

Claims for reimbursement should be submitted to:

**EMPLOYEE BENEFITS  
HUMAN RESOURCES DEPARTMENT/TOWN HALL  
101 FIELD POINT ROAD  
GREENWICH, CT 06830  
203-861-3100**

*Note: Checks will be mailed to the employee's home address on file.*

This Section is for HR/Benefits Use Only.

Vendor Number: _____	Amount Paid: _____
P O Number : _____	Date Paid : _____