

# Employee Uniform Reimbursement Undertaking

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

I, \_\_\_\_\_ (Employee Name), holding Employee ID \_\_\_\_\_, working as \_\_\_\_\_ in the department of \_\_\_\_\_, hereby acknowledge that I have received reimbursement for the purchase of my official uniform as per company policy.

I undertake to use the reimbursed uniform only during official duty hours and maintain it in good condition at all times. I confirm that, should my employment with the company end within \_\_\_\_\_ months from the date of this undertaking, I shall voluntarily refund the uniform reimbursement amount as stipulated in the relevant policy.

I understand and agree to abide by the company's uniform guidelines and acknowledge that any misuse, loss, or damage caused by negligence may incur further liability as determined by the organization.

Employee Signature:

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

\_\_\_\_\_  
Authorized Officer:

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

## Important Notes

- This undertaking is mandatory before availing uniform reimbursement benefits.
- Refund conditions and amounts should be clearly stated as per company policy.
- The undertaking helps prevent misuse and ensures accountability for company resources.
- Both employee and authorized approver must sign and date the document.
- Keep a copy of the signed undertaking in the employee's HR records.