	Department: Department Number:
	Department: Department Number: Department Contact: Extension: Date:
۸	Article of Clothing to be Purchased - Describe in Detail (attach additional pages as needed):
Α.	Attitle of clothing to be 1 drenased - Describe in Detail (attach additional pages as needed).
В.	Justification of Purchase of Article of Clothing Specified in 1.A. (attach additional pages as needed):
	Fiscal Year of determination requested:
	Is article of clothing to be purchased for specific employee(s)? Yes No No.
	Is an inventory of this article of clothing to be maintained for distribution as needed? Yes No No No
	needed?
).	If you answered no on 3.C., will a single Purchase Order be issued for purchases to be made at one Yes No time?
٨.	Is this article of clothing specifically required as a condition of employment? Yes No
3.	Is this article of clothing adaptable to general usage as ordinary clothing, suitable for taking the place of regular clothing, or suitable for everyday wear? Yes No If no, please justify why not (attach additional pages as needed).
с.	Is this article of clothing designed for protection from the particular hazards of employment? If yes, please justify (attach additional pages as needed).
	Forward completed form to: OSUIT Vice President Fiscal Services
b	
	e completed by the Office of the Vice President Fiscal Services: Determination of Taxabile; Taxable as a Fringe Benefit Not Taxable as a Fringe Benefit
	Determination of Taxability: FY
	Determination of Taxability: FY Taxable as a Fringe Benefit Not Taxable as a Fringe Benefit Reviewed by: Date: Locator: Instructions to the Department: This determination may be used for purchases of article of clothing specified in 1.A. through .
	Determination of Taxability: FY