

Application for Subsidy Vision Testing, Prescription Lenses or Prescription Protective Eyewear

This application must be signed by an Optometrist. The subsidy is funded by your local Faculty/Division/Office/School/Section/Centre

Staff Name	
Staff Number	
Contact Phone Number	
Faculty/Division/Office/School/Section/Centre	
Declaration: The prescribed prescription safety glasses are for UWA work related purposes and not for personal use/other employment/study Employee's signature:	
Optometrist's signature supporting the claim for subsidy.	
Optometrist's name, address and contact details:	
Testing: Covered by Medicare	Yes / No
- If not, cost of testing	
- Date paid	
Prescriptive eyewear – cost (including GST)	
Health Insurance Fund name (if applicable):	
- Total paid by fund	
- Date paid	
Amount employee is out of pocket for vision testing	
Reimbursement to staff member maximum of \$120 for out of pocket expense. Subsidy payable	
Date purchased (on receipt)	
Staff member's signature	
School/Unit Representative signature	
School/Unit Representative – Print name	
Date subsidy approved	

- Original receipts to be attached.
- To assist the University monitor the uptake of this subsidy and cost, staff with financial delegation to approve the subsidy are required to complete an N-form and use account 693- Security and Safety Expenses combined with the description "Prescription Eyewear Reimb- [Surname]"
- Original Application form to be kept on local staff file, with a copy provided to the staff member