Mizzou Optical - University of Missouri Employee Safety Eyewear Order Form

Employee Name:			
Employee ID:			
Supervisor Name and Department (pr	rinted):		
Supervisor Signature:			
Supervisor Contact Phone Number: (for credit card payment over th	e phone)		
*A dispensing fee of \$25 will be adde department.	d to the order total fror	m the selections below, to be paid by the	
Frame (Please choose the pricing tier our inventory falls in Tier 2.)	which will be covered b	by the department. Please note that most	of
☐ Tier 1: up to \$23.95 ☐ Tie	er 2: up to \$40.95	☐ Tier 3: up to \$50.95	
\square Non-Conductive (please ch	neck this if employee re	equires a non-conductive frame)	
Lens Type (Please choose which lens made of impact-resistant polycarbona	• • • • • • • • • • • • • • • • • • • •	red by the department. All lenses will be cifically requested otherwise)	
☐ Single Vision: \$32.95 ☐ Progressive (no-line bifocal): \$92.95		re (no-line bifocal): \$92.95	
\square Lined Bifocal or Lined Trifocal: \$49	1.95		
Other Lens Options (Please choose ar department)	ny of these additional le	ens options that will be covered by the	
☐ TD2 Scratch Coating: \$19.95	☐ Transitions: \$59.9	95 (tint when outdoors, clear indoors)	
☐ Anti-Glare/UV Coating: \$48.95 (Cri	izal Fasy UV)		