



**UNIVERSITY OF NOTRE DAME
PRESCRIPTION SAFETY GLASSES APPROVAL FORM**

To be completed by the Supervisor, Principal Investigator or other who has budget authority.

ND Employee (Patient) Name _____

Recommended Coverage Amounts:

Lens:

- Single Vision - \$59.00
- Bi-focal either Lined or Progressive - \$89.00

Silver Package (\$39.95):

- Frame, Side Shields (Permanent or Detachable) and Carrying Case
- Lenses in Polycarbonate or Plastic
- Free One-year Breakage Warranty on all Frames

COMPLETE THE INFORMATION BELOW

Amount Approved for Department/Unit Charge (if applicable):	\$
Amount Approved for PI/Supervisor Charge (if applicable):	\$
Total Amount Approved	\$

APPROVALS

PI/Supervisor Coverage Information (If Applicable)		Department/Unit Coverage Information (If Applicable)	
Approver's Name		Approver's Name	
Approver's Signature		Approver's Signature	
Date		Date	
Address to send Bill		Address to send Bill	

**Form is not valid without approver's name and signature.
This form expires 30 days from latest date noted above.**

Eyemart Express

215 East University Drive
Granger, IN 46530
Phone: 574-271-7408

*Eyemart Express is located in the Super Target shopping plaza
Transpo Bus Service – Route 15A University Park Mall/Mishawaka via Main St.
EyeMart Express offers same-day glasses
EyeMart Express Labs adhere to ANSI Z87.1 standards*