Stevens Point WI 54481 715-346-2320 uwsp.edu/riskmanagement risk.management.office@uwsp.edu

Eye Exam Related to Safety Glass Purchase Form

| If basic eye exam is not covered under insura | ance, please invoice UW-Stevens |
|--|------------------------------------|
| Point for the amount of | 's basic eye exam |
| (employee is responsible for any additional s | services). |
| The invoice should be mailed directly to UW following address: | V-Stevens Point for payment at the |
| University of Wisconsin-Steven | as Point |
| Payment Services | |

Contact at 715-346-2052 with questions.

2100 Main Street Room 041E

Stevens Point, WI 54481