# University Hospital Garment Requisition Form

**Today's Date:**

**Department:**

**Supervisor's Name:**

Cintas Rep: David Carson

**Type of request:**

New Wearer  
Size Change  
Repair/Upgrade

**Index #**

**PO#**

**Supervisor Approval**

**Cintas Approval**

**Employee Signature**

**Date Received**

**Uniform Room Signature**

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**Please Print Clearly**

<table>
<thead>
<tr>
<th>Employee Number</th>
<th>First Name</th>
<th>Last Name</th>
<th>Name on Emblem</th>
<th>M/F</th>
<th>Item-Color</th>
<th>Inv</th>
<th>Sleeve</th>
<th>Size</th>
<th>Emblems</th>
<th>Item-Color</th>
<th>W/L</th>
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**Notes:**

"ALL EMPLOYEES MUST BE FITTED BEFORE AN ORDER IS PLACED"

**Item Numbers:**

- Scrub - 60975 (top), 60976 (pant) 61212 (jacket)
- Lab Coat - Barrier 1470; Reg Lab coat 55925 (male) 525 (female)

**Colors:**

- Grey: 32
- Ceil: 99-24
- Hunter green: 99-44
- Burgundy: 99-16
- White: 00
- Teal: 99-41
- Navy: 20