

University Hospital Garment Requisition Form

Today's Date: _____

Department: _____

Supervisor's Name: _____

Contact #: _____

Cintas Rep: Pamela Lewis _____

Type of request: **New Wearer** **Size Change** **Repair/Upgrade** _____

Index # _____

PO# _____

Please Print Clearly					Top				Bottom		
Employee Number	First Name	Last Name	Name on Emblem	M/F	Item-Color	Inv	Sleeve	Size	Emblems	Item-Color	W/L
1											
2											
3											
4											
5											
6											
7											
8											

Supervisor Approval _____

Cintas Approval _____

Date Received: _____

Item Numbers:

Scrub - 60975 (top),60976 (pant) 61212 (jacket)

Lab Coat - Barrier 1470; Reg Lab coat 55925 (male) 525 (female)

Notes: _____

Colors:

Ceil: 99-24

Hunter green: 99-44

Burgundy: 99-16

white: 00

Teal: 99-41

