

**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# \_\_\_\_\_

Contact #: \_\_\_\_\_

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											

Supervisor Approval \_\_\_\_\_  
 Cintas Approval \_\_\_\_\_  
 Employee Signature \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Uniform Room Signature \_\_\_\_\_

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  
 Burgundy: 99-16  
 Teal: 99-41  
 Grey: 32  
 Hunter green: 99-44  
 white: 00  
 Navy: 20

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

