









## STAFF UNIFORM REQUISITION FORM

## **Order Information**

Employee Information (Please print legibly)							Site Information											
Date:							Facility:											
.[								Department:										
Last Name:								Approving Manager Information (must be filled out)										
Fi	First Name:  Position:																	
P									Name:Phone:									
									Signature:									
Contact #:								*E-mail where order confirmation should be sent:										
G	ender: M	F [	(ple	ase c	heck o	ne)	-E-ma	aii w	nere or	aer coniii	rmation	sriouia L	e sent.					
P	Please check applicable employment status:  o Full Time – 5 Sets o Part Time – 3 Sets o Casual – 3 Sets								Cost Centre Information (for Health Authority records):  (Order will not be processed without the correct cost centre information)									
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	Pant, White		—- <u>İ</u>															
	Pant, Navy											·						
	Pant, Green											<u> </u>						
	Coverall, Navy 100% Cotton									<u> </u>			<u> </u>		-			
	Coverall, Green 100% Cotton	1				1			<u> </u>				.1	: [				
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	Shirt, Ciel Blue, Short Siv.												mation co					
	Shirt, Ciel Blue, Long Slv.	;		:							Send	form to K	(-Bro:					
	Shirt, Green, Short Slv.				. !						Via Fa	ax: 604 <b>-</b> 8	75-4628					
	Shirt, Green, Long Slv.								1		Via e-	mail:						
Moto	es / Comments:		# 1 mm					-10-10-00-0		1	Vanco	ouver.uni	forms@k-	brolinen.	com			
NOLE	es / Comments.		•								Forin	formatior	on your	order, ple	ease contact:			
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