**UNIFORM ACKNOWLEDGEMENT RECEIPT**

I, **-----------, Emp. No. ------,** acknowledge Uniform receipt from National Ambulance:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Color** | **Size** | **Quantity** |
| **Shirt** |  |  |  |
| **Trouser** |  |  |  |
| **Boot** |  |  |  |
| **Belt** |  |  |  |
| **Vest** |  |  |  |
| **Fleece** |  |  |  |
| **Winter Jacket** |  |  |  |
| **Cap: EMT / Paramedic** |  |  |  |
| **Signage/ Badge** |  |  |  |
| **Helmet** |  |  |  |
| **Scarf** |  |  |  |

Received by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position and Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_