

UNIFORM REQUEST & ISSUANCE FORM

URIF NO.	:	
DATE	:	

			REQUESTING DEPT. (HR)				ISSUANCE DEPT. (WHSE)					DISTRIBUTION (HR)			
EMP. NO.	EMPLOYEES NAME (Last Name, Middle Name, First Name)	POSITION	Overall	Safety Shoes	Safety Helmet	Hat	Others	Overall	Safety Shoes	Safety Helmet	Hat	Others	Empl	oyees Sig	gnature
	` '	,	_ QTY	QTY	QTY	QTY	QTY	_ QTY	QTY	QTY	QTY	QTY	<u> </u>	& Date	
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COPY FURNISH:		REQUESTED BY:				ISSUED BY:			RECEIVED BY:		TOTAL				
							A DESCRIPTION			112021, 22 21,		ITEMS	ISSUED	STOCK	
PROCURE	MENT :												Overall		
WAREHOU	USE :		,					,					Safety Shoes		
HUMAN R	ESOURCES :												Safety Helmet		
NAME/SIGN/DATE			NAME/SIGN/DATE				NAME/SIGN/DATE NAM			NAME/SIGN/DATE		Hat			
REMARI	XS:												Others		

Page 1 of 1 CSHRD20 Version R0