## **Return of Company Uniform Acknowledgement**

Employee Name:			
Employee ID:			
Department:			
Date of Return:			
List of Returned Items:			
Item Description	Quantity	Condition	Remarks
I hereby acknowledge that I h			
representative. I declare that t	he above information is tr	ue and accurate to the b	est of my knowledge.
Employee Signature / Date			
Received By / Date			