

# Uniform Distribution Handover Form

Date:

Employee Name:

Employee ID:

Department:

Designation:

Uniform Details:

Item	Size	Quantity	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes:

Handed Over By:

\_\_\_\_\_  
Name & Signature  
Received By:

\_\_\_\_\_  
Name & Signature