

# Laundry Ticket

Please type or print information clearly

**Requester Information (prepared by)**

1. First Name	2. Last Name	3. Date
4. Building		5. Room

**Laundered Item(s)**

6. Description	7. Quantity
Bag, laundry	
Cap, surgical	
Socks, pairs	
Towel, bath	
Lab coat	
Gown, wraparound	
Jumpsuit	
Pants	
Shirts	
Other:	
Other:	
Other:	

**Repair(s)**

8. Description	9. Quantity
Tear, ripped, seams, etc.	
Buttons	
Jumpsuit zippers	
Mop head	
Other:	
Other:	
Other:	

**Vendor Receipt Information (to be completed by vendor)**

10. First Name	11. Last Name	12. Date
13. Department No.		

1. First name of the requester.
2. Last name of the requester.
3. Date of request.
4. Building number of requester.
5. Room number of requester.
6. Description of item being laundered; if not listed, enter description next to "Other."
7. Quantity of item(s) being laundered.
8. Repair service needed; if not listed, enter description next to "Other."
9. Quantity of item(s) being repaired.
10. First name of vendor.
11. Last name of vendor.
12. Date of vendor receipt.
13. Department number, assigned by the vendor.