

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:	

Vendor Receipt Information (to be completed by vendor)

8. First Name	9. Last Name	10. Date
11. Department No.		

Laundry Ticket – Instructions

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. First name of vendor.
9. Last name of vendor.
10. Date of vendor receipt.
11. Department number, assigned by the vendor.