

UNIFORM RETURN RECEIPT

Quantity of shirts returned: _____

Quantity of pants or skirts returned: _____

Other items returned: _____ Quantity returned: _____
(Description of items)

Employee name: _____
(Please print name) *(Signature of employee)* *(Date)*

Received by manager or supervisor: _____
(Please print name) *(Signature of manager/supervisor)* *(Date)*

PPD Section: _____
(Please print)

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Received by UniFirst representative: _____
(Signature) *(Date)*