THE SUMNER
POLICE DEPARTMENT
1104 Maple St., Suite 140 • Sumner, WA 98390 • 253-863-6384

Colleen E. Wilson, Chief of Police

UNIFORM & PERSONAL EQUIPMENT REQUISITION FORM

Employee: _____ Date of Request: _____

ITEMS REQUESTED (Description, Name, Size, Color, Etc.)	Uniform Class				New/ Replacement		Approx. Cost
	A	B	C	Other	New	Repl.	(If Known)

Vendor Information:

Name _____ Address _____

Phone _____ Web **www.** _____

Special Instructions: _____

Submitted By: _____ **(Employee)** Date: _____

Reviewed By: _____ **(Supervisor)** Date: _____

Approved By: _____ **(Quarter Master)** Date: _____

DO NOT WRITE BELOW THIS LINE

Date Ordered: _____ Ordered By: _____ Date Received: _____ Received By: _____

Excell Form - SPD Uniform-Equip 11-03-04

Note: Valid for 30 Days From Approval Date