



LEE HEALTH

UNIFORM STORES

EMPOWERED • EQUIPPED • OUTFITTED

UNIFORM APPAREL ORDER FORM

NAME (PLEASE PRINT): _____ EMPLOYEE #: _____

DEPARTMENT OR OFFICE NAME: _____ POSITION NAME: _____

HOSPITAL, FACILITY OR OFFICE LOCATION: _____ CELL PHONE #: _____

SIGNATURE: _____

SUPERVISOR'S NAME: _____

VENDOR CHOSEN: _____

Style #	Color	Size	Quantity	Price	Total Line
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				SUB-TOTAL	
				TAX + 6.5%	
				COUPON	
				TOTAL ORDER	\$

I authorize Lee Health to deduct from my paycheck the balance due beginning the next pay period until paid in full. I understand that I am financially responsible for the entire balance on this order.

Please divide the payment in ____ payroll deductions (maximum of 6 installments; \$10 minimum deduction per pay period).

>>> PLEASE EMAIL, FAX ORDER OR SEND QUESTIONS TO ONE OF THE STORES BELOW <<<
>>> YOU CAN ARRANGE FOR PICK-UP IN STORE OR DELIVERY TO YOUR DEPARTMENT <<<

Cape Coral Hospital
Fax: 239-424-4071
Or email order to:
julie.good@leehealth.org

Gulf Coast Medical Center
Fax: 239-343-0996
Or email order to:
ashley.bennett@leehealth.org

Lee Memorial, HealthPark and Golisano
Fax: 239-343-5159
Or email order to:
deanna.steinberg@leehealth.org