



Personal Protective Equipment (PPE) Request Form

	Quantity	Recipient (Individual responsible for inventory)	Recipient's Supervisor	Event/Purpose (class, special event, team, office, etc.)
Cloth Masks				
Disposable Masks				
Disinfectant wipes				
Goggles				
Face Shields				
Hand Sanitizer (by gallon)				
KN95 Masks*				
Nitrile Gloves (small)				
Nitrile Gloves (medium)				
Nitrile Gloves (large)				
Surgical Gowns (medium)*				
Surgical Gowns(large)*				
Thermometers (infrared)				

* Reserved for Student Health Services, Public Safety, and Athletics

Requestor's Department: _____

Requestor's Phone Number: _____

Delivery Location: _____

Print Name of Requestor: _____ Date

Print Name of Requestor: _____ Date

Request Approved: _____
(Chancellor, Vice-Chancellor of Finance, or Chief of Staff) Date