

stamp of the PUT organizational unit

Poznań

APPLICATION

for providing personal protective equipment, work clothing and footwear

1. Name and surname of the employee:

2. Place of work (unit):

3. Workplace:
.....

4. Qualified for item of the norm table

5. Please issue the following items:

.....	date of the last collection
.....	- // -
.....	- // -
.....	- // -
.....	- // -

Comments:

.....

.....
signature of the head of the organizational unit

I accept the application:
signature of the financial decision-maker