



# Laundry Enrollment



Garment Owner: \_\_\_\_\_ Department/Lab Contact: \_\_\_\_\_

Building Name & Campus Address: \_\_\_\_\_  
 \_\_\_\_\_

Department/Lab Room No.: \_\_\_\_\_ Campus Phone Ext. \_\_\_\_\_

University Email Address \_\_\_\_\_ @ \_\_\_\_\_

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

VWR BAR CODE	Garment Type: Lab Coat, Scrub Sets (Shirts & Pants), Barrier Gowns, Towels, Other: Please Specify.	Condition of Garment	Estimated Frequency of Cleaning: (please circle)	Size
			Weekly / Bi-Weekly	
			Weekly / Bi-Weekly	
			Weekly / Bi-Weekly	
			Weekly / Bi-Weekly	
			Weekly / Bi-Weekly	

Brief description of lab activities, including potential for exposure to blood-borne pathogens or other bio-hazards, radio-isotopes, etc.:

Special requirements:

NU Financials ChartString:

FUND	DEPT ID	PROJECT	ACTIVITY	PROGRAM	ACCOUNT

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Billing by Department Department Name: \_\_\_\_\_

Billing by Individual Name: \_\_\_\_\_