REQUEST FOR PURCHASE OF PROTECTIVE CLOTHING & UNIFORM	☑ MLC ☐ MC ☐ IHA	DATE OF REQUEST (dd mmm yyy)	PAGE _____ of _____

TO: (Name & Address of LMO) Branch of Labor Management Organization for USFJ Employees, Incorporated Administrative Agency	FROM: (Name & Address of Organization)

1. NAME OF EMPLOYEE	2. JOB TITLE, JOB NO	3. NOMENCLATURE/SPECIFICATIONS	4. SIZE	5. QTY

6. TYPED NAME AND GRADE OF REQUESTER	SIGNATURE OF REQUESTER	
7. TYPED NAME AND GRADE OF COR OR PERSONNEL OFFICER	SIGNATURE OF COR OR PERSONNEL OFFICER	DATE (dd mmm yyy)

RFP FORM 22, JAN 2014 V1.00

Entries in blocks (self-explanatory blocks ommitted):

a. Block 1: Enter name of employee in Romanized spelling, family name first. Enter one of the following annotations; Newly Hired, Change Job Title, or Wear and Tear in parenthesis ( ) below the name, as appropriate.
b. Block 2: Enter employee's job title, job number.
c. Block 3: Enter same Stock # and Item Name in the current T/U and Item Code (7 digits)
d. Block 4: Enter size required.
e. Block 5: Enter quantity required. See T/U column "Quantity".

UNIFORM POC	
TEL	COMPONENT/INSTALLATION

REQUEST FOR PURCHASE OF PROTECTIVE CLOTHING & UNIFORM	FROM: (Name & Address of Organization)

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