UNIFORM AND TOOLS TRACKING FORM

Employee Name:		Phone	e# Order D	ate:	Release Date:					
ITEM#	QTY	SIZE	DESCRIPTION	EMP	PLOYEE PRICE	RECEIVED BY				
1.										
2.										
3.										
By signing below, I understand that I am responsible to keep the uniform in good conditions and that it will be deducted 100% out of my payroll check in case of not showing up to work, lost, theft, damaged etc; Uniform & tools are 50% out of cost and its deduct it from Payroll Check second week of starting.										
Employee S	ignature:				Date:					
VCBJ CORP DBA Canales Furniture										
3560 W Airport Freeway Irving, TX 75062 Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035 Email: <u>irving@canalesfurniture.com</u>										

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Employee S	ignature:			Date:						
VCBJ CORP DBA Canales Furniture										
	Phor	ne: (469) 845-303	W Airport Freeway Irv 38 (469) 845-3037 (469) Email: <u>irving@canalesfur</u>	845-3036 Fax: (469) 845-3	3035					