



PPE REQUESTED

JOB NAME: _____ DATE: ____/____/____

JOB FOREMAN: _____

JOB #: _____

ITEM	DESCRIPTION	QUANTITY	PRICE	QUANTITY ORDERED
ERB SAFETY GLASSES	CLEAR ANTI-FOG SAFETY GLASSES	12	19.08\$	
X-LRG. 0-CUT GLOVES	XLRG. ERB N200 BLUE GLOVES	12	34.68\$	
X-LRG. 0-CUT GLOVES	XLRG. POSSIGRIP BLACK GLOVES	12	31.56\$	
XLRG. CUT 2 GLOVES	16-150 G-TEK WORK GLOVE	12	49.92\$	
PIP CORDED EAR PLUGS	PIP 267-HPF200C CORDED EAR PLUGS	100	52.80\$	
HONEYWELL DUST MASK	HONEYWELL 14110094CC DISPOSABLE DUST	50	16.46\$	
PARTICLE RESPIRATOR SILICA	8210 PLUS PRO PARTICLE RESPIRATORS (SILICA)	20	106.24\$	
FIRST AID KIT	NORTH SAFETY 019700-0001L	1	19.05\$	
PYRAMEX FACE SHIELD	PYRAMEX S1210CC FACE SHIELD WITH ADAPTER	1	18.98\$	
BEI RED HARD HAT		1	8.31\$	
SML/MED HI VIS VEST		1	10.00\$	
LRG/XLRG HI VIS VEST		1	10.00\$	
2XL/3XL HI VIS VEST		1	10.00\$	

THIS ORDER WILL SERVE AS YOUR JOB INVOICE AND BE TURNED IN SO THE AMOUNT CAN BE DEDUCTED FROM YOUR JOB.