



# Hazlehurst City School District

*Excellence is the Expectation*

Cloyd Garth, Jr., Superintendent

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**BUSINESS SERVICES**

## Hazlehurst City School District

### PPE Request Form

School: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Requested By: \_\_\_\_\_

<u>Item Request</u>	<u>Quantity Requested</u>	<u>Quantity Received</u>
<b>Kids Masks</b> <b>Masks are to not to be given out daily,</b> <b>ONLY if a person does not have a mask.</b>		
<b>Adult Masks</b> <b>Masks are to not to be given out daily,</b> <b>ONLY if a person does not have a mask.</b>		
<b>Hand Sanitizer</b>		
<b>Disinfecting Wipes</b>		
<b>Thermometer</b>		
<b>Bottled Water</b>		
<b>Other:</b>		

Signature: _____	Title: _____
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**TO BE COMPLETED UPON RECEIPT OF SUPPLIES**

Signature: _____	Title: _____
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