# COVID PPE - ORDER FORM OFFICE/WORKSPACE

Building:

Room #:

Name: Date:

**Office/Workspace**

| QTY | UNIT | DESCRIPTION |
|---|---|---|
| | each | Hand Sanitizer 8 oz |
| | each | Mask (pack of 10) |
| | each | Face Shield |
| | each | Virex Spray Bottle |
| | each | Wipes |
| | pack | Gloves (10) Medium/Large/Ex Large |
| | each | Plexiglass Barrier |
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