



RAF Wipe Count Request Form

Date Submitted _____

General Location of Wipes _____

Who Took Wipes _____ Ext. _____

Number of Wipes _____ Date Wipes Taken _____

Count Comments or Requests _____

Results To: (Print Full Name)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- *Place all wipes in numerical order in a ziplock bag.*
- *Attach Count Request Form to outside of bag.*
- *DO NOT use staples.*
- *Include no more than 80 wipes per Count Request.*

RAF USE ONLY			
Received By _____	Quantity _____	Date/Time _____	Group-Number _____