

Gift Shop

Order and payment form for special scrubs

**please use a separate form for different sizes*

Must show VUMC ID for payroll deduction.

Date _____

_____ Sale \$9.00 TOPS QTY _____ SIZE _____

_____ Tax \$10.00 BTMS QTY _____ SIZE _____

_____ Total paid in full _____

A payment in the amount of _____ CREDIT CARD _____

Payroll Deduction total _____

_____ will be deducted from my next two paychecks (Bi-weekly)

_____ will be deducted in one payment before _____
(Monthly/non-exempt employees)

Name _____ (print clearly)

Signature _____

Employee ID _____ or
*** DO NOT USE FULL SOCIAL SECURITY NUMBER**

last 4 digits of Social Security Number _____

Vanderbilt Department _____

VU Phone Number _____ Cell or home _____

Question: Michael.A.Ondek@VUMC.org

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