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**Uniform Voucher Authorization  
(Payroll Deduction)**

\_\_\_\_\_ is authorized to purchase uniforms from:  
(Employee Name)

**Uniform Connection  
2123 E. Edgewood Dr.  
Lakeland, FL  
863-667-2682**

Total Credit Limit: **\$250.00**

I \_\_\_\_\_, authorize Bartow Regional Medical Center to deduct **\$30** from each paycheck until my balance is paid in full. Should my employment at Bartow Regional Medical Center terminate, the remaining balance maybe deducted from my last paycheck, or billed directly to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Approval

\_\_\_\_\_  
Date