



**TOOL SLIP**

Name \_\_\_\_\_

Date \_\_\_\_\_

**You must provide your own tools required to perform your assigned duties. They may be purchased anywhere.**

**NorthStar has the following tools available at our cost listed.**

	<u>Issued</u>	<u>Amount</u>
1	Utility Knife _____	<u>\$10.00</u>
2	25' Measuring Tape _____	<u>\$15.00</u>
3	Hammer _____	<u>\$20.00</u>
4	10" Shears _____	<u>\$37.00</u>
5	Caulking Gun _____	<u>\$15.00</u>
6	Insulation Knife _____	<u>\$10.00</u>
7	Chalk Line Set _____	<u>\$10.00</u>
8	Silicone Roller _____	<u>\$17.00</u>
9	Silicone Roller W/Pizza Cutter _____	<u>\$40.00</u>
10	Silicone Roller W/ Probe _____	<u>\$30.00</u>
11	Pizza Cutter Roller _____	<u>\$20.00</u>
12	Winter Gloves _____	<u>\$6.00</u>
13	Berret Knife _____	<u>\$8.00</u>
14	Probes _____	<u>\$12.00</u>
15	Snips _____	<u>\$38.00</u>
16	Blue work gloves _____	<u>\$10.00</u>
17	Premium Safety Glasses _____	<u>\$8.00</u>
18	OTHER _____	\$ _____

I authorize NorthStar to deduct the following amount from my paycheck. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_