USED CLOTHING ALLOWANCES

Auxiliary Name, Number & Location _____

Clothing MUST BE clean and ready to wear. Allowances for clothing include washing soaps and cleaning fluids.
DO NOT take clothing you would not want to wear yourself. This form must be signed by receiving hospital/nursing home.
Send 3 copies with completed hospital report.

MEN'S AND BOY'S WEAR			
QTY	ITEM	COST	TOTAL
	Caps/Scarves	1.00	
	Coat, Car/Winter	15.00	
	Gloves	1.50	
	Hankies	0.25	
	Jackets, Sport	15.00	
	Jackets, Summer	5.00	
	Jogging Suits	8.00	
	Pajamas	4.00	
	Pants, Work/Jeans	7.00	
	Raincoats	7.50	
	Robes	6.00	
	Shirts, Dress	4.00	
	Shirts, T or Jersey	2.00	
	Shoes, Boot	7.00	
	Shoes, Other	8.00	
	Shorts, Walking	3.00	
	Slacks, Dress	7.50	
	Slippers	2.50	
	Snow Suites	15.00	
	Socks	0.50	
	Suits, Dress	35.00	
	Sweaters	5.00	
	Sweatshirts	3.00	
	Swimsuits	2.00	
	Ties/Belts	1.00	
	Undershirts	1.00	
	Under shorts	0.75	
	Vest	2.00	
	Vest, Winter	5.00	
	SUBTOTAL	$	
TOTAL COST OF ALL CLOTHING $			

LADIES AND GIRL'S WEAR			
QTY	ITEM	COST	TOTAL
	Bed Jackets	4.00	
	Blouses/Smocks	4.00	
	Boots	7.00	
	Bras	1.00	
	Coats (Snow Suits)	15.00	
	Dresses	6.00	
	Full Slips	1.50	
	Gowns/Pajamas	3.00	
	Half Slips	1.00	
	Hankies	.25	
	Jackets, Ladies	6.00	
	Jeans, Ladies	7.00	
	Jogging Suits	8.00	
	Panties	.50	
	Purses	2.00	
	Robes	6.00	
	Scarves/Hats	1.00	
	Shells	1.00	
	Shoes	6.00	
	Shorts	3.00	
	Skirts/Culottes	4.00	
	Slack Suit, 2 pc.	10.00	
	Slack Suit, 3 pc.	15.00	
	Slacks	5.00	
	Slippers, House	2.00	
	Sweaters	5.00	
	Sweatshirts	3.00	
	Sweat pants	3.00	
	Swimsuits	6.00	
	Vest	2.00	
	SUBTOTAL	$	

DATE: _____

DELIVERED TO (Name of Hospital/Nursing Home): _____

RECEIVED BY: _____ TITLE: _____

Books and Magazines

Auxiliary Name & Number ______________________________

Books should be in good shape & not yellowed from storage.
Monthly magazines should be no more than 3 months old.
Weekly magazines should be no more than 1 month old.

Send 3 copies with completed Hospital Report.

BOOKS	(Paper back)		BOOKS	(Hard back)	
QTY	**NEW PRICE**	**EXTENDED**	**QTY**	**NEW PRICE**	**EXTENDED**
Total Paper Back Books		**$**	**Total Hard Back Books**		**$**
		Used divided by 2 =			**Used divided by 2 =**
Total Paper Back Books		**$**	**Total Hard Back Books**		**$**
Magazines:					
Qty: _______ @ $1.50 ea =		**$**	**Total of all books / magazines**		**$**
DELIVERED TO (Name of Hospital/Nursing Home):			**DATE:**		
RECEIVED BY:			**TITLE:**		