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: _____