

# CLOTHING ORDER FORM

- Prices include embroidered logo.
- Mark which logo to put on item.
- Attach Gillard Golds to Order Form.
- Sign & Submit to Planning & Development.
- Attach Check/Cash: payable to CCMC or Mark Voluntary Deduction for payroll



*Mark A. Chapman*  
**Mark A. Chapman**  
 Wellness Center

QTY	ITEM NUMBER & DESCRIPTION	COLOR	SIZE	CCMC LOGO	CCFP LOGO	HOSPICE LOGO	MACW LOGO	CROSSFIT LOGO	SUBTOTAL

Special Instructions:	<b>Merchandise Total</b>	
	Please add per order form - <b>Shipping &amp; Handling</b>	<b>+ \$1.00</b>
	<b>Subtotal</b>	
	<b>Sales Tax .095</b>	
	<b>Subtotal</b>	
	<b>Gillard Golds (subtract)</b>	<b>-</b>
	<b>Total Amount</b>	

Prices, specifications, and availability are subject to change without notice.

## CONTACT DETAILS

<b>NAME:</b>		<b>EMPLOYEE ID:</b>	
<b>DEPARTMENT:</b>	<b>Phone:</b>	<b>SHIFT:</b>	DAY NIGHT

## SIGNATURE FOR ORDER/VOLUNTARY DEDUCTION

**PAYMENT METHOD:**  VOLUNTARY DEDUCTION  CHECK/CASH **GL Code: 40721080**

**Signed For:** I agree to purchase the individual ordered items listed above. I also confirm and understand that the items I ordered will be paid for by either voluntary deduction or check/cash. Voluntary deduction (NOT TO BE LESS THAN \$10.00) from each paycheck for the next (please check):  1  2  3  4  5 pay periods.  
 Checks are to be made out to Clay County Medical Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_