

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



**CLAY COUNTY
MEDICAL CENTER**
Write Blue or White
Logo



**CLAY CENTER
FAMILY PHYSICIANS**
Write Blue or White
Logo



**MEADOWLARK
HOSPICE**
Write Blue or Tan
Logo



Mark A. Chapman
Wellness Center
Write Black or
White Logo



**CROSSFIT
CLAY CENTER**
Orange Logo

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

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

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

CONTACT DETAILS

NAME:		EMPLOYEE ID:	
DEPARTMENT:	Phone:	SHIFT:	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: _____