*Town*_____ *Unit #*_____ *Contact Person*_____

Veterans Care and Giftshop Packing List

Page ____ of ____ **Total of all pages $_____**

ITEM	HOW MANY	COST PER ITEM	TOTAL AMOUNT
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

TOTAL FOR THIS PAGE $_____