



# AUXILIARY TO THE MILITARY ORDER OF THE COOTIE

“KEEP ‘EM SMILING IN BEDS OF WHITE”

Auxiliary Name: \_\_\_\_\_ No. \_\_\_\_\_ State: \_\_\_\_\_

Where Visit Made: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

No. Members: \_\_\_\_\_ No. Patients: \_\_\_\_\_ No. Miles: \_\_\_\_\_ @ .14 = \$ \_\_\_\_\_ +Tolls \$ \_\_\_\_\_ \$ \_\_\_\_\_

PROJECT HOURS: \_\_\_\_\_ + TRAVEL HOURS: \_\_\_\_\_ + VISIT HOURS: \_\_\_\_\_ @22.55 = \$ \_\_\_\_\_

Kind of Entertainment: \_\_\_\_\_ \$ \_\_\_\_\_

Refreshments: \_\_\_\_\_ \$ \_\_\_\_\_

Gifts: \_\_\_\_\_ \$ \_\_\_\_\_

Clothing, Books, & Magazines ..... \$ \_\_\_\_\_

(Attach another sheet if needed)

**Grand Total:** \$ \_\_\_\_\_

Please list all names in alphabetical order members only-no guest

MEMBER #	NAME OF MEMBER	PROJECT HOURS	TRAVEL HOURS	VISIT HOURS	TOTAL HOURS	INFORMATION
	<b>TOTAL</b>					

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ Phone #: \_\_\_\_\_