## **Boxes for Bongolo Hospital**

Church	Name:				
Church	Address:				
City, Sta	ate, Zip				
Contact	t Name:				
	t Phone #	:			
Contac	t Email:				
		<b>.</b>			
	TOTA	I NILINAD	BER OF BOXES SENT:		
	1014	IL NUIVIB	ER OF BOXES SEINT:		
Box #		Height:	Length	Width:	
Quai	ntity		Item Description &	Cost Per Item	Total Cost
Box #		Height:	Length	Width:	
Box #		Height:	Length:		Total Cost
		Height:			Total Cost
		Height:			Total Cost

Box #		Height:		Length:		Width:	
Qua	ntity		Item Desci	ription & C	ost Per Item		Total Cost
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Box #		Height:		Length:		Width:	
Quai	ntity		Item Desc	ription & Co	ost Per Item		Total Cost
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Box #		Height:		Length:		Width:	
Quar	ntity		Item Desci	ription & Co	ost Per Item		Total Cost

Box #		Height:		Length:		Width:	
Qua	ntity		Item Desci	ription & C	ost Per Item		Total Cost
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Box #		Height:		Length:		Width:	
Quantity			Item Descr	iption & Co	ost Per Item		<b>Total Cost</b>

Box #		Height:		Length:		Width:	
Quai	ntity		Item Descr	ription & Co	ost Per Item		Total Cost
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Box #		Height:		Length:		Width:	
Qua	ntity		Item Desci	ription & C	ost Per Item		Total Cost
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Box #		Height:		Length:		Width:	
Quai	ntity		Item Desc	ription & Co	ost Per Item		<b>Total Cost</b>

Box #		Height:		Length:		Width:	
Quai	ntity		Item Desc	ription & C	ost Per Item		Total Cost