



TOILETRY DISTRIBUTION FORM

Date of Request: _____

Name of Requestor: _____

Target Population	
Name of Organization Distributing	
ITEM	QUANTITY (The maximum quantity allowed per item for ordering is 50 within a period of one month.)
Body Wash/Shampoo	
Cleansing Washcloths (4 case max)	
Deodorant	
Lotion	
Toothbrush	
Toothpaste	
Chapstick	
Ankle Socks	

Water Bottles	
Tampons	
Maxi Pads	

Please send all requests to ashley.brown@arkansas.gov