



COMMISSARY PATRON SPECIAL ORDER FORM

(For use of this form, see DeCAD 40-1; OPR is DO.)

COMMISSARY NAME

<input type="checkbox"/> GROCERY DEPARTMENT	<input type="checkbox"/> MEAT DEPARTMENT	<input type="checkbox"/> PRODUCE DEPARTMENT
<input type="checkbox"/> BAKERY <input type="checkbox"/> DELI	<input type="checkbox"/> SEAFOOD DEPARTMENT	<input type="checkbox"/> SPECIALTY SHOPS

ITEM DESCRIPTION	SIZE/THICKNESS	QUANTITY

DATE ITEMS NEEDED	PATRON'S NAME	PHONE NUMBER
EMAIL ADDRESS		
EMPLOYEE ACCEPTING ORDER	COMSY PHONE NUMBER	DATE

DeCA Form 40-1, Nov 2010 Supersedes DeCA 40-1, Jan 2000
 Top copy to Patron; Bottom copy retained by Commissary (Store remarks may be annotated on the back of Commissary Copy)



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