CUSTOMER NAME:

CUSTOMER COMPLETE ADDRESS:

CUSTOMER PHONE NUMBER:

REQUESTED DELIVERY DATE: TIME:

* ONCE ORDER IS COMPLETE AND READY FOR CHECKOUT THE COMMISSARY WILL CONTACT THE CUSTOMER BY PHONE FOR PRICE AND PAYMENT INFORMATION.

GROCERY, MEAT, DAIRY AND PRODUCE ITEMS:	QTY	GROCERY, MEAT, DAIRY AND PRODUCE ITEMS:	QTY

DELVERY PERSON'S INFORMATION:

NAME: COMMAND: USAG, DFMWR, BOSS

PHONE: SIGNATURE: