

# UNIFORM SPECIAL REQUEST CHIT

NAME (Last, First)	RANK	DATE OF REQUEST
ADDRESS		PHONE
E-MAIL		

**REASON FOR REQUEST**

<input type="radio"/> INITIAL ISSUE	<input type="radio"/> SIZE EXCHANGE	<input type="radio"/> RANK UPGRADE	<input type="radio"/> LOST/ DAMAGED
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**INITIAL ISSUE** (If member did not receive during initial clothing issue)

ITEM	SIZE	QTY.	MBR	SUPPO

**SIZE EXCHANGE** (Allowable 1 for 1 exchange)

ITEM	SIZE RTN' D	QTY.	SIZE REQUEST	QTY.	MBR	SUPPO

**RANK UPGRADE** (Where new uniforms are required)

Member must complete Full Seabag Exchange/ Initial Uniform Issue
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**LOST/ DAMAGED** (Member must pay replacement fee, or purchase personally)

ITEM	SIZE	QTY.	REPLACEMENT FEE

<b>Supply Dept.</b>	<b>TOTAL OWED</b>	
	<b>AMT. PAID</b>	
	<b>DATE PAID</b>	
	<b>PMT. Verified</b>	

**RESET**

SUBMIT TO SUPPLY