

DATE: _____

SAFETY FOOTWEAR/COVERALLS REQUEST

From: _____
NAME (Last, First MI) Rank SSN Section Phone

To: Squadron Supply Officer

Subj: REQUEST FOR SAFETY FOOTWEAR/ COVERALLS

Ref: SqdnO 5100.11

1. In accordance with the reference, it is requested that I be issued
_____ in size _____ as an initial/ replacement issue.

OIC/NCOIC SIGNATURE
(Concur with Request)

2. I acknowledge receipt of the above footwear/ coveralls on _____
(Date)

FIRST ENDORSEMENT

From: Squadron Supply Officer

To: 1 Requesting Individual

1 Approved or Disapproved

2 Comments: _____

a. Item requested in NIS and will be ordered on document
number . _____

b. Requesting individual will be notified for pick-up of item upon receipt.

SUPPLY OIC/ NCOIC SIGNATURE