



## COMMISSARY PATRON SPECIAL ORDER FORM

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

**COMMISSARY NAME**

SCHINNEN, THE NETHERLANDS

<input type="checkbox"/> GROCERY DEPARTMENT	<input type="checkbox"/> MEAT DEPARTMENT	<input type="checkbox"/> PRODUCE DEPARTMENT
<input type="checkbox"/> BAKERY	<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 0031-46-443 7721/ 7513	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)