CONTRAILS DINNING FACILITY GROUND SUPPORT MEAL ORDER FORM

Received Date:_____

Requested Delivery Date:

_____

RANK	LAST NAME	FIRST NAME	DOD ID # or Credit Card # & Exp Date (VS/MC)	DUTY PHONE	SQDN	MEAL #1	SUPP	MEAL #2	SUPP	$ FEE
A1C	Example SMITH	Example JOHN	DOD # 1111111111 VS # 1111 1111 1111 1111 / 01/16	2537	9 FSS	L4	S1	L4	S1	$6.00 ESM/VS/MC
MEMBER PLACING ORDER & CALL BACK #:										
CONTRAILS SHIFTLEADER WHO RECEIVED ORDER:					TIME RECEIVED:				*INITIAL HERE WHEN INPUT INTO POS*	
CONTRAILS MEMBER WHO PREPARED ORDER:					TIME COMPLETED:					

Email all orders to ContrailsInn.US@us.af.mil

Call 530-634-2537 to confirm receipt of order

Do Not include credit card information on orders sent via email. Credit card information should only be provided at time of meal pick-up.