

# REQUEST FOR CLOTHING ISSUE

COMNAVRESFOR P7300.1B

COMPLETED BY RECRUITING/ADMIN			
NAME: (LAST, FIRST, M.I.)		RATE:	SSN:
		UNIT ASSIGNED:	
<input type="checkbox"/> yes <input type="checkbox"/> no PRIOR SERVICE	<input type="checkbox"/> yes <input type="checkbox"/> no NAVAL RESERVE SERVICE	<input type="checkbox"/> yes <input type="checkbox"/> no OTHER SERVICE	
EXPIRATION DATE OF LAST ENLISTMENT:	REASON FOR EXPIRATION: <input type="checkbox"/> SEPARATE <input type="checkbox"/> DISCHARGED	SEPARATION DATE:	AFFILIATION DATE:
<b>FEMALES ONLY:</b> NAVCOMPT 3060 AND PAGE 13 COMPLETED DATE _____			
SIGNATURE OF RECRUITING/ADMIN SUPERVISOR:			DATE:
COMPLETED BY RESERVIST/SUPPLY			
<b>ISSUE:</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> UTILITY <input type="checkbox"/> OTHER			
<u>ENTER CLOTHING SIZES</u>			
HAT _____			
SHIRT _____ (MALE: NECK/SLEEVE) (FEMALE: BUST/NECK/SLEEVE)			
CHEST _____			
WAIST _____			
JUMPER _____ (CHEST AND LENGTH SHORT/REGULAR/LONG)			
GLOVE _____ (MALE: SM/MED/LG/XLG) (FEMALE: SIZES 6-9)			
SHOE _____ (SIZE AND WIDTH) (MALE: XN/N/R/W/XW) (FEMALE: A/B/C/D/E)			
SOCKS _____			
HEIGHT _____ FT. _____ IN.			
COMPLETED BY RESERVIST ONLY			
ENTER CHOICE OF CLOTHING ARRIVAL NOTIFICATION INFORMATION			
<input type="checkbox"/> BY PHONE	PHONE NUMBER	<input type="checkbox"/> BY MAIL	MAILING ADDRESS:
SIGNATURE OF RESERVIST:			
SUPPLY USE ONLY			
CLOTHING WILL NOT BE ORDERED UNLESS ALL ITEMS ABOVE ARE CLEARLY AND PROPERLY COMPLETED.			
VERIFIED BY: (SIGNATURE)	DATE:	DATE ORDERED:	DATE MAILED/CALLED:
REMARKS:			
THIS REQUEST DOCUMENT IS TO BE KEPT WITH RESPECTIVE NAVRES 10120/1, 10120/2, 10120/3, IN COMPLETED FILE AS HISTORICAL DOCUMENT.			