

## MEMORANDUM FOR HQ RIO/FORCE MANAGEMENT

FROM:

SUBJECT: Request for Uniform Replacement Agreement

1. I am requesting uniform replacement and per AFRCI 23-101, Materiel Management of Uniforms, paragraph 11, I understand the following:

a. Initial issue uniform replacement is authorized for Fair Wear and Tear (FWT) every three years. All requests prior to three years will be at my own expense or require further justification and approval prior to submitting request. I will be responsible for reimbursement of all costs which do not meet these requirements

b. I understand I am not eligible for new uniform items within 180 days prior to separation without unit commander approval.

c. I understand I must sign confirming receipt of clothing items and return the AF Form 656 and shipping receipt to the HQ RIO IC within 30 days of receipt of clothing.

d. I agree I will not dispose of uniforms by sale, gift, loan, barter, or pledge to unauthorized personnel.

e. I understand cold weather gear, including the tan fleece jacket and any other uniforms which were not part of the initial issue are not authorized under the Uniform Replacement Program for Air Force Reserve Members.

2. I am requesting my clothing mailed to address below:

Address/Contact:

**MEMBERS SIGNATURE**

<b>CLOTHING REQUEST AND RECEIPT -- MALE/FEMALE</b>										CONTROL NO.		DATE							
<i>(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)</i>																			
<b>AUTHORITY:</b> 10 U.S.C. 9832, 37 U.S.C. 418 and Executive Order 9397 <b>PRINCIPAL PURPOSES:</b> To account for the issue of uniform clothing items to enlisted personnel, SSAN is used for positive identification. <b>ROUTINE USES:</b> May be disclosed to any DOD component and upon request to other Federal, State, and local agencies in the pursuit of their official duties. May also be used for other lawful purposes including law enforcement and litigation. <b>DISCLOSURE IS VOLUNTARY:</b> Failure to provide the information would preclude the orderly maintenance of property accounts or prevent the issuance of clothing items. Disclosure of SSAN is voluntary																			
NAME AND DOD ID OF AIRMAN FOR WHOM REQUEST IS MADE						GRADE		SSAN		UNIT									
<b>EMAIL</b>					<b>SALES CODE</b>					<b>ETS</b>									
<input type="checkbox"/>		16-Operation & Maintenance, AF			<input type="checkbox"/>		19-AF Reserve			<input type="checkbox"/>		80-ARMY		<input type="checkbox"/>		Other Reimbursable Appropriated Funds <i>(Insert Sales Code)</i>			
<input type="checkbox"/>		17-Military Personnel, AF			<input type="checkbox"/>		23-Air National Guard			<input type="checkbox"/>		81-Navy		<input type="checkbox"/>		Reimbursable Non-Appropriated Funds <i>(Insert Sales Code)</i>			
QUANTITY		ARTICLE				UNIT COST		TOTAL		QUANTITY		ARTICLE				UNIT COST		TOTAL	
SIZE	QTY									SIZE	QTY								
		Bag, Duffel, Nylon, OG										Trunks, Athlete's Physical Training (PT)							
		Gloves, Lea, Black, Lined, Unisex										Undershirt, Ctn, White, V-Neck (M)							
		Belt, Cotton, Web, Blue										Blue Chevron Large Rank (Coat)							
		Buckle, Belt, Chromium Plated										Blue Chevron Small Rank (Shirt)							
		Cap, Garrison (Flight cap), Female										Blue Chevron Metal Pin-On							
		Cap, Garrison (Flight cap), Male										Blue Chevron Metal Pin-On w/Diamond							
		Coat, All Weather w/Removable Liner										U.S. w/Circle Metal Pin-On							
		Coat, Svs, W/Poly, Serge, Blue Male																	
		Coat, Svs, W/Poly, Serge, Blue Female																	
		Jacket, Physical Training Uniform (PT)																	
		Jacket, Poly, Blue AF Shade 1605 w/rmvbl Liner																	
		Drawers, Cotton, Briefs, White, (M)										Belt, Cotton, Riggers, Coyote							
		Necktie, Four-in-Hand (M)										Maternity Coat, OCP							
		Neck-Tab, Blue, AF Shade 1622 (M)										Boots, Temperature, Coyote							
		Pant, Physical Training Uniform (PT)										Cap Patrol, OCP							
		Shirt, Ctn/Poly, L/S, Tuck-in Female										Coat, Camouflage ACU, OCP Female							
		Shirt, Ctn/Poly, Long Sleeve, W/Epaulets (M)										Coat, Camouflage ACU, OCP							
		Shirt, Ctn/Poly, Short Sleeve Female										Maternity Trousers, OCP							
		Shirt, Ctn/Poly, Short Sleeve (M)										Socks, Cushion Sole, Stretch, Green							
		Skirt, Darted, Poly Serge AF Shade 1620										Trousers, Camouflage ACU, OCP Female							
		Slacks, Darted, Poly Serge AF Shade 1620										Trousers, Camouflage, ACU, OCP							
		Shoes, Dress Leather, Female										Undershirt, Qtr. Sleeve, Coyote							
		Shoes, Dress Leather, Male										USAF Name Tape, OCP							
		Socks, Liner, Poly/Nyl, Black										USAF Tape, OCP							
		T-Shirt, Athlete's, Physical Training (PT)										OCP Rank Insignia							
		Trousers, W/Poly, AF Shade 1620 (M)										OCP Tactical US Flag, Spice Brown							
<b>TOTAL VALUE</b>						<b>TOTAL VALUE</b>													
ADDRESS:						I certify the items requested are for the airman's health and/or appearance. Total value of clothing provided is to be (Amortized at \$ _____ per month)(deducted from net pay) (Not to be utilized at Basic Training Center).						I certify the total value reflected hereon has been charged against pay and/or allowances due the above named airman.							
NOTES																			
I certify the sales code indicated is correct and the offices to be billed (and appropriation charged) are properly indicated.								I certify I have received the articles listed here on in the total value indicated and that they are for my own personal use or that of the person I represent and I will not dispose of them by sale, gift, loan, barter, or pledge to unauthorized personnel. NOTE: MEMBERS DO NOT SIGN THIS FORM UNTIL CLOTHING ITEMS HAVE BEEN RECEIVED.											
APPROPRIATION								SIGNATURE OF MEMBER UPON RECEIPT OF CLOTHING (GRADE/SSAN)											
OFFICE TO BE BILLED						SIGNATURE GRADE & ORGN OF AUTHENTICATING OFFICER													