

**E-MAIL ORDER FORMAT - III  
SURVIVAL/TEST EQUIPMENT**

**From:** [your E-mail address@xxxxx.xxxx.mil](mailto:your E-mail address@xxxxx.xxxx.mil)

**To:** 18774cadpad@ih.navy.mil

**Copy:** (Others as required)

**Subject:** ORDER FOR PARALOFT

**AUTHORIZED ORDERER:** \_\_\_\_\_  
**AUTHORIZATION CODE:** \_\_\_\_\_

**UNIT NAME:**  
**UNIT UIC:**  
**TELEPHONE (DSN and COM):**

**LOCATION NAME:**  
**LOCATION UIC:**

**REASON FOR ORDER:**

**ITEMS REQUIRED:**

<b>DODIC</b>	<b>QUANTITY TO ORDER</b> <i>(Next 90 Days or Deployment Period)</i>	<b>QUANTITY ON-HAND</b>
1)		
2)		
3)		
etc...		

**“SHIP TO” ACTIVITY** (If other than home Air Station; e.g. Ship load-out location, or MALS-Ordnance Activity at MCAS):

**ACTIVITY NAME:**

**UIC:**