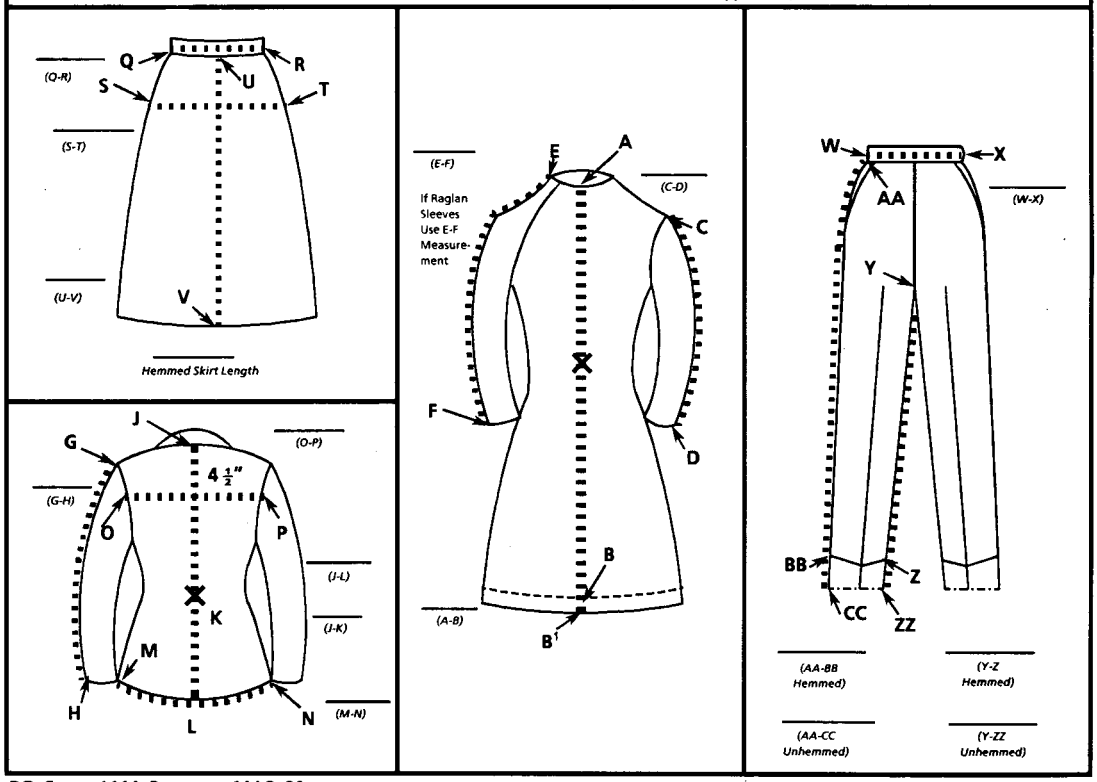
3. INDIVIDUAL TAKING MEASUREMENTS		
a. NAME *(Last, First, Middle Initial)*	b. TELEPHONE NO. *(Include Area Code)*	c. AUTOVON
4. DATE MEASUREMENTS TAKEN *(YYMMDD)*	**5. BEST FITTING STOCK SIZE**	

6. CLOTHING TO BE ORDERED		
a. MILSTRIP REQUISITION NO.	b. NOMENCLATURE	
c. QUANTITY	d. UNIT COST	e. TOTAL COST

7. CHANGES TO BE MADE TO BEST FITTING STOCK SIZE *(Shorten, Lengthen, Add, Subtract, Raise, Lower, etc.)*			
a. GARMENT LENGTH	b. SLEEVE LENGTH	c. WAIST LENGTH	d. BUST GIRTH
e. WAIST GIRTH	f. HIP GIRTH	g. SKIRT LENGTH *(Unhemmed)*	

h. PROBLEMS ENCOUNTERED IN FITTING

MEASUREMENTS FOR FINISHED GARMENTS *(Record As Applicable)*



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