



DEPARTMENT OF THE AIR FORCE
UNITED STATES SPACE FORCE
SPACE BASE DELTA 1

MEMORANDUM FOR 21 FSS/FSVF

FROM: _____ (Branch/Squadron/Office Symbol)

SUBJECT: Essential Station Messing (ESM) Enrollment/Removal

1. Please ENROLL / REMOVE (circle one) _____
In the Aloha Point of Sales system. (Rank, Full Name, DoDID #)

Effective Date: _____

Reason for Enrollment/Removal: _____
(Moving off base, PCS, etc.)

2. Please have the member report to the Aragon Dining Facility, building 1160 to be in processed by the Food Service Accountant during our hours of operation (0600-0800 or 1100-1300). The member has three (3) duty days to complete this MFR and the AF Form 220 before the member becomes an invalid customer and is required to pay cash for meals, IAW AFMAN 34-240, Attachment 7., A7.6.3.

3. If you have any questions, please contact the Aragon Dining Facility at 556-4723.

KIRA OTERO, MSgt, USAF
Section Chief, Food Operations

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I understand if I am authorized BAS, I will not use my CAC to eat at the Aragon Dining Facility or any campus dining facilities on Peterson SFB. If I am enrolled in the ESM program, I will not use my entitlement while TDY or on leave since I will be receiving BAS. If I use my CAC at the Aragon Dining Facility or any campus dining facility on Peterson SFB it will be a violation and the following will be contacted: Supervisor, First Sergeant, and the Peterson SFB Finance Office. I understand that I would be committing a fraud against the government, and I may be subject to garnishment of pay.

Member (Print, Sign, & Date)

Supervisor (Print, Sign, & Date)

First Sergeant (Print, Sign, & Date)

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