



STATE OF NORTH CAROLINA AWARDS PROGRAM

Order Form

Upon receipt of this award packet, please make your award selection. Complete the Order Form below by either typing or printing the item number and description of your award selection. In order to insure delivery of the award, please return the completed and signed form within the designated time-frame from your agency coordinator.

EMPLOYEE _____ EXTENSION _____

STATE AGENCY _____

DEPARTMENT _____

SERVICE AWARD LEVEL _____

AWARD ITEM NUMBER _____

DESCRIPTION _____

RING SIZE (25 Years and Above) _____