RATION REQUEST/ISSUE/TURN-IN SLIP

For the use of this form, see DA PAM 30-22; the proponent agency is DCS, G4

DATE *(YYYYMMDD)*

TO:	REQUEST		
FROM:	ISSUE		
CONSUMPTION DATE(s)	TURN-IN		
NUMBER OF MEAL(s) REQUESTED	ISSUE		

ITEMS	UI	B	L	D	B	L	D	B	L	D	TOTAL	SUPPLY ACTION	UNIT PRICE	DOLLAR VALUE

REQUESTED BY:	ISSUED BY:	ISSUED BY:	TOTAL DOLLAR
RECEIVED BY:	RECEIVED BY:	RECEIVED BY:	CONTROL NO.

PAGE NO.	NO. OF PAGES	REMARKS: