

GROUND SUPPORT MEAL REQUEST	1. CONTROL NUMBER	2. DATE
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PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 8013 and 8034 EO 9397.
PRINCIPAL PURPOSE: To document and identify personnel that obtain meals from appropriate fund dining facilities.
SSN is used to verify entitlements and for positive identification.
ROUTINE USE: None.
DISCLOSURE IS VOLUNTARY. However, failure to provide the information may result in you being denied a meal.

3. TO: FLIGHT KITCHEN	4. FROM:
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NAME A	GRADE B	REIMBURSEMENT			SSN OR MEAL CARD NO. F
		MEAL RATE C	SURCHARGE D	TOTAL E	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
TOTAL					

I certify that the above is true and correct to the best of my knowledge and that these personnel are not able to eat in the dining hall because of duty reasons.

5. NCOIC/OIC NAME (<i>Last, First, and Middle Initial</i>) AND TITLE	6. GRADE	7. SIGNATURE
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8. MEALS INDICATED ABOVE WERE ISSUED BY	
NAME (<i>Last, First, and Middle Initial</i>) AND TITLE	GRADE

9. MEALS RECEIVED BY			
NAME (<i>Last, First, and Middle Initial</i>)	GRADE	DATE	HOUR