

104 4

REV. DET. M. J.

(PARENT UNIT)

LAURENCE OF SERVICE

RECORD OF EVENTS

R A T I O N S	ESTIMATED NUMBER OF RATIONS REQUIRED FOR		DAY OF WEEK _____ DATE _____	NUMBER
	MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL
	BREAKFAST	DINNER	SUPPER	AVERAGE
MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD TO OTHER ORGN FOR RATIONS		NET	TOTAL
	MEN ATCHD FOR RATIONS & OTHERS MESSED			
	MEN PRESENT : _____ LESS _____		PLUS _____	

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE