

GALLEY CLOSURE			
NAME:	EMPLID:	BEGIN DATE:	END DATE:
TDY UNIT:   USCGC RESOLUTE			
WHAT MEALS <u>ARE</u> BEING PROVIDED (CHECK ALL THAT APPLY) :			
<div><input type="checkbox"/> BREAKFAST</div> <div><input type="checkbox"/> LUNCH</div> <div><input type="checkbox"/> DINNER</div> <div><input checked="" type="checkbox"/> NONE</div>			
<b><i>*PLEASE NOTE: YOU ARE NOT ALLOWED REIMBURSEMENT FOR ANYTHING ELSE OTHER THAN WHAT IS LISTED BELOW*</i></b>			
WHAT MEALS <u>ARE NOT</u> BEING PROVIDED (CHECK ALL THAT APPLY):			
<div><input checked="" type="checkbox"/> BREAKFAST</div> <div><input checked="" type="checkbox"/> LUNCH</div> <div><input checked="" type="checkbox"/> DINNER</div> <div><input type="checkbox"/> NONE</div>			
ARE YOU ON GOVERNMENT MEALS OR COMMERICAL MEALS:			
<div><input type="checkbox"/> GOVERNEMT</div> <div><input type="checkbox"/> COMMERICAL</div>			
LIST IN THIS BOX LEGIBLY ALL MISSED MEAL WITH DATES HERE:			

SUPERVISOR NAME AND SIGNATURE: ENS Jacob Wagner	MEMBER NAME AND SIGNATURE:	DATE:
--	----------------------------	-------