



SPECIAL MEAL REQUEST



FROM: (UNIT)

DATE OF REQUEST:

REQUESTOR NAME: LNAME, FNAME, MI, RANK , TITLE, & PHONE

TO: (MESS HALL)

TYPE OF SUBSISTENCE SUPPORT REQUESTED

REQUESTED MEAL PERIOD

DATE AND TIME OF PICKUP (YYMMDD/1000)

CONSUMPTION LOCATION

MARINE SIK

MARINE COMRATS

NAVY SIK

NAVY COMRATS

CIVILIANS/OTHER

TOTAL MEALS REQUESTED

GROUP LEADER :LNAME, FNAME, MI, RANK (INDIVIDUAL RECEIVING SUBSISTENCE)

GROUP LEADER
EDIPI

IF GROUP LEADER CHANGES PRIOR TO PICK UP OF REQUESTED SUBSISTENCE, REQUESTOR MUST NOTIFY MESS HALL MANAGER.

FOR ALL MEALS THE REQUESTOR WILL PROVIDE THE MESS HALL MANAGER ALL EDIPI(S) OF THOSE PERSONNEL ENTITLED TO SUBSIST AT GOVERNMENT EXPENSE (SIK). SUBJECT VERIFICATION RECORD IS TO INCLUDE INDIVIDUAL'S RANK, FIRST NAME, LAST NAME AND EDIPI

REQUEST FOR SUBSISTENCE SUPPORT MUST BE SUBMITTED TO THE MESS HALL (10) WORKING DAYS PRIOR TO PICK UP. ANY REQUEST FOR SUBSISTENCE SUPPORT THAT DOES NOT MEET THE (10) WORKING DAYS REQUIRMENT, THE MESS HALL MANAGER WILL MAKE THE DETERMINATION IF SUPPORT CAN BE PROVIDED.

I CERTIFY THAT I WILL BE RESPONSIBLE FOR THE CASH COLLECTION FOR ALL SUBSISTENCE FURNISHED PERSONNEL NOT ENTITLED TO SUBSIST AT GOVERNMENT EXPENSE PRIOR TO CONSUMPTION.

SIGNATURE OF REQUESTOR

COMMANDING OFFICER OR BY DIR AUTHORITY SIGNATURE

FROM: (MESS HALL MANAGER)

TO: (UNIT)

STATUS OF REQUEST

SIGNATURE

DATE

TRACKING NUMBER (MH#_DATE_MEAL PERIOD_QUANTITY ie. MH425_08Aug17_Brk_255)

ALL APPROVED REQUEST WILL BE FORWARDED TO THE RESPECTIVE BASE FOOD SERVICE OFFICE WITH ALL REQUIRED SIK ROSTERS.

FROM:

TO: (MESS HALL)

DATE SIK ROSTER PRE VALIDATED

DATE REQUEST BACKFILLED

SIGNATURE OF INDIVIDUAL THAT BACKFILLED REQUEST

DATE

CAMP KINSER MH 637-1818/1
MCAS FUTEMA MH 636-3770/2010
CAMP FOSTER MH 645-7158/2449
CAMP COURTNEY MH 622-9268/9142
12TH MARINES MH 623-7767/4231
III MEF MH 623-7370/4974

CAMP SCHWAB MH 625-2516/2511
JWTC MH 622-2201/2217
MCAS IWAKUNI MH 253-6341
CAMP MUKUK MH 767-4399
CAMP FUJI MH 224-8389
MCB HAWAII MH 257-3509