

**STATE ACTIVE DUTY
HEADCOUNT VERIFICATION**

JOPLAN: P-1-C

NAME OF OPERATION:

DATE:

UNIT:

UNIT PHONE NUMBER:

UNIT POC:

VENDOR NAME:

On this date I certify that

soldiers were fed breakfast

soldiers were fed lunch

soldiers were fed dinner

and that disaster conditions made the collection of signatures impractical.

(Print name and rank of unit commander)

(Original signature of unit commander)**Note: One Headcount Verification Form is required for each meal.****No individual meal will exceed the maximum meal rates listed below:****Breakfast \$6.00****Lunch \$11.00****Dinner \$19.00****Gratuities are not authorized.**