RATION CONTROL SHEET

For the use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

1. PAGE _____ OF _____

2. UNIT

3. TYPE OF RATION
☐ UGR-H&S ☐ UGR-A ☐ MRE ☐ OTHER

4. PERIOD

a. DATE *(YYYYMMDD)*	b. MODULES DRAWN	c. MEALS DRAWN	d. MEALS RETURNED	e. MEALS ISSUED	f. CUM BAL MEALS ON HAND	g. NO. OF PERSONS SUPPORTED	h. UNIT, INDIVIDUAL ACTIVITY ISSUED TO	i. SIGNATURE OF INDIVIDUAL RECEIVING MEAL	j . ISSUED BY

5. REMARKS

6a. REVIEWED BY

6b. DATE *(YYYYMMDD)*