### RATION CONTROL SHEET

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

1. **PERIOD**
2. **UNIT**
3. **TYPE OF RATION**
   - UGR-H&S
   - UGR-A
   - MRE
   - OTHER
4. **DATE** (YYYYMMDD)
5. **MODULES DRAWN**
6. **MEALS DRAWN**
7. **MEALS ISSUED**
8. **CUM BAL MEALS ON HAND**
9. **NO. OF PERSONS SUPPORTED**
10. **UNIT, INDIVIDUAL ACTIVITY ISSUED TO**
11. **SIGNATURE OF INDIVIDUAL RECEIVING MEAL**
12. **ISSUED BY**

### Remarks

5. **REMARKS**

6a. **REVIEWED BY**

6b. **DATE (YYYYMMDD)**