

RATION CONTROL SHEET								1. PAGE _____ OF _____	
2. UNIT				3. TYPE OF RATION <input type="checkbox"/> UGR-H&S <input type="checkbox"/> UGR-A <input type="checkbox"/> MRE <input type="checkbox"/> 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)		