

## MEAL CARD VERIFICATION FORM

For use of this form, see AR 600-38; the proponent agency is DCSLOG

<b>TO:</b>	<b>FROM:</b>	
UNIT OPERATING DINING FACILITY	DATE OF CHECK	MEAL PERIOD
NO. OF PERSONNEL CHECKED	NO. OF IRREGULARITIES	

	DINER'S NAME	MEAL CARD NUMBER	MEAL CARD ISSUE ACTIVITY	DINER'S STATUS
1.				
2.				
3.				
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28.				
29.				
30.				

*Use reverse of form for additional entries or continuation of remarks*

REMARKS

HEADCOUNTER			
TOTAL HEADCOUNT THIS MEAL	HEADCOUNT SAME MEAL LAST WEEK	SIGNATURE	DATE