BASIC ALLOWANCE FOR SUBSISTENCE - CERTIFICATION		SUPPLEMENTAL	FOR MONTH OF	STATION SYMBOL	MPO NUMBER
ORGANIZATION AND STATION		PRORATED			DATE

NAME, SOCIAL SECURITY NUMBER, RANK	MEAL	DAYS 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
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I certify that pursuant to Chapter 1, Part Three, Department of Defense Military Pay and Allowances Entitlements Manual, the members listed above are entitled to the payment of supplemental and or prorated subsistence allowance for meals on dates indicated.

DATE	TYPED NAME & RANK OF APPROVING AUTHORITY	SIGNATURE OF APPROVING AUTHORITY