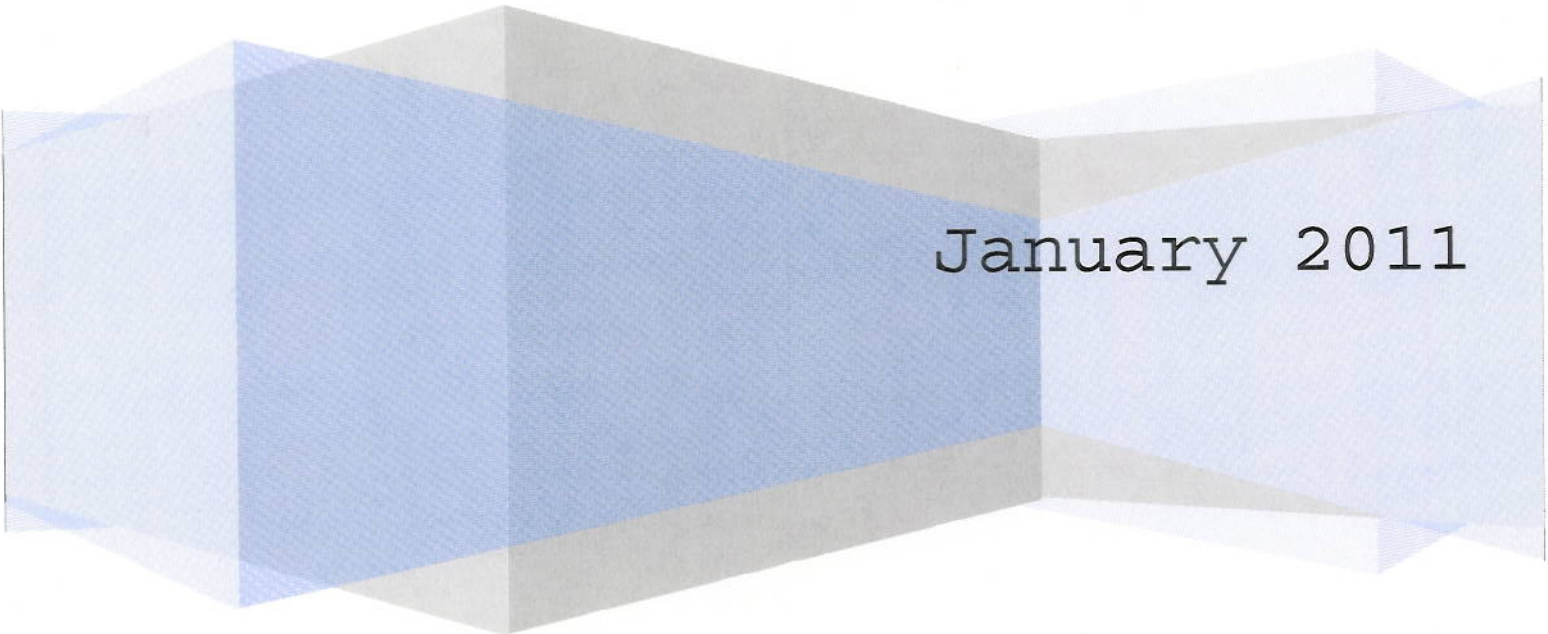


CUSTOMERS ARE FIRST!

**TROOP ISSUE
SUBSISTENCE
ACTIVITY
INFORMATION PACKET**
FORT A.P. HILL



January 2011

TISA's Motto: We aim to please!

POINTS OF CONTACT

COMM: (804) 633-XXXX

GAIL H. WALLACE
SUBSISTENCE SUPPLY MANAGER

DSN: 578-8435
FAX: 578-8428

TIGA MERRILL
LOGISTICS MANAGEMENT SPECIALIST

DSN: 578-8149

BRENDA LOWE
SUPPLY TECHNICIAN

DSN: 578-8309

DORIS GASKINS
SUPPLY TECHNICIAN

DSN: 578-8416

FREIDA WALKER
SUPPLY TECHNICIAN

DSN: 578-8438

THADDEUS THORNTON
ACCOUNTING TECHNICIAN

DSN: 578-8340

TISA FAX NUMBER

COMM: (804) 633-8230/8139/8132
DSN: 578-8230/8139/8132

TISA INFORMATION PACKET

1. The Troop Issue Subsistence Activity (TISA) at Fort A.P. Hill is operational year-round. Unitized Group Rations with A-Option (UGR-As) will be utilized for Active Army units and annual training units training at Fort A.P. Hill. A copy of the UGR-A menus with NSN's is provided within. The website for more information on UGR-As is:

www.dscpl.dla.mil/subs/rations/rations.htm.

- a. TISA Location - Bldg 1336
- b. Office hours of operation - 0800-1630 hrs, Mon - Fri
- c. Warehouse hours of operation - 0800-1600 hrs, Mon - Fri
- d. Units are to report for pick-up NLT 1530 hrs.

2. Funding requirements are as follows:

a. A Military Interdepartmental Purchase Request (MIPR) must contain unit name, training dates, unit DODAAC, unit UIC, bill to address, bill to DODAAC, APC, appropriation data and estimated obligation (Example #1 MIPR).

b. All units on Inactive Duty training (IDT) must submit MIPR for ice.

c. Units on Annual Training (AT) must submit MIPR for ice & warming/cooling beverages (AR 30-22 and DA Pam 30-22). MIPR should be submitted to the Resource Management Office at Fort A P Hill, ATTN: Karen Mountjoy. Her contact information is as follows: Phone# (804) 633-8554 and her fax# is (804) 633-8361. Her email address is Karen.Mountjoy@us.army.mil.

d. All Active Army units submit MIPR for Ice only (AR 30-22).

e. All units must provide a unit identification code (UIC) and assumption of command orders when requesting support from the TISA.

Funding requirements & ration request are to be sent directly to TISA at the following address or faxed to (804)633-8428/8230:

Troop Issue Subsistence Activity
DOL/TISA, Attn: IMNE-APH-LGI
12232 A P Hill Dr, Bldg 1336
Fort A P Hill, VA. 22427-3100

3. Individuals representing military accounts authorized to request or receive must be issued a DD Form 577 (signature card), signature by the UNIT COMMANDER (Example #2). When requesting/receiving subsistence, the individual will present the DD Form 577 and a military ID to TISA personnel. The same individual may request and receive subsistence from the TISA. TISA will not issue to anyone presenting an expired Military ID card.

4. Units picking up and transporting rations will pick up rations in a covered MILITARY vehicle. The bed of the vehicle will be clear of any equipment. Rations will be drawn based on the ration cycle below. Tuesday and Thursday are delivery days for the TISA warehouse. Unit personnel should not report to TISA to pick-up any subsistence in their POV's. Under no circumstance are POV's allowed within the fenced area.

5. Rations will be issued on a 2-2-3 cycle.

- a. Monday issue for Tuesday-Wednesday consumption
- b. Wednesday issue for Thursday-Friday consumption
- c. Friday issue for Saturday-Sunday-Monday consumption

***DA Form 3294's will reflect the issue and consumption date.**

6. All ration requests must be submitted as follows:

UGR-A, MRES - 30 days prior to arrival

Accompanied by Letter of Intent (LOI)- Memorandum containing unit name, address, UIC, training dates, training area (if known), feeding cycle, date of requested pick up, and headcount. See page 7

a. **UGR-A's and MRE's** - DA Form 3294-R - breakdown by meal (breakfast, lunch, dinner) by consumption cycle (Example #3).

b. **Box-lunches** - DA Form 3294-R - We offer two Box Lunch choices: Sun Meadow meals which you will need to order by NSN or Heater Meals. (Example #4)

c. **Kosher or Halal meals** - Units requesting religious meals

MUST have a roster from unit Chaplain. A copy of the roster must accompany the DA Form 3294-R. (Example #5)

d. **IDT Units** - Units training at A P Hill for IDT weekends have the option of selecting UGR-A menus (**authorized for IDT units only**).

e. **Ice** - DA Form 3294-R - Ice is available provided that each unit has submitted funding requirements on a MIPR 60 days in advance of issue. Issue factor per person per day will be determined by unit planners prior to submission (AR 30-21, Appendix B). Most units base usage on temperature enclosed is a example to assist with calculation. The solicited ice contract supplies the TISA with blocks (10-12 lb) and cubed ice (35 pound bags). (Example #6)

f. **Warming/Cooling Beverages** - DA Form 3294-R - These items will be issued provided the unit has submitted funding requirements on a MIPR (Example #7).

7. The TISA does not stock subsistence items. Supply/Food Service Personnel are reminded to forecast as accurately as possible. Adjustments will be made based on contractual guidelines.

8. All milk crates and bread racks and pallets must be returned to the TISA and stacked neatly in the rear of the TISA building or at the back fence if the fence is secured. Failure to return all items could delay your departure from the installation. TISA will not clear any units who have not returned all items.

9. The TISA will not support unit parties with ice/subsistence.

10. Unit Commander, Supply/Food Service Personnel are responsible for the timely submission of present for duty strength (DA Form 5913-R). Units will not be cleared at the conclusion of training if DA 5913-R's are not turned in to the TISA. (AR 30-21, Appendix B) (Example #8)

11. Based on the packaging of the UGR-A option, TISA WILL NOT TAKE TURN-INS OF UGR-As. Unopened boxes of MRE's will be turned in on a DA Form 3294-R. All MREs will be inspected by Vet Service prior to crediting unit's account. Please submit paperwork with NSN'S, ITEM DESCRIPTION, LOT NUMBER AND QUANTITY. You will need to arrange a turn-in time/date with the Subsistence supply Manager (SSM).

12. Units experiencing unfit subsistence should contact the SSM and provide the nature of the problem and location of the item (**DO NOT BRING UNFIT RATIONS TO THE TISA**). The SSM will contact the veterinarian personnel and make the necessary actions to inspect and determine the reason for loss. If the reason for spoilage is due to the negligence of the unit, no credit will be given.

13. Units are reminded to obtain necessary forms and regulations through normal channels prior to arrival at A.P. Hill for training.

14. Units are to report to the main TISA office before entering the TISA warehouse. Absolutely no entries are permitted through the side or back entrances without prior permission.

15. Units are required to present a copy of their DD 577 signature card and proper identification for every draw. Do not mail to office. A file is not kept for unit signature cards.

16. Safety regulations limit only two personnel in the warehouse area during issuing/turn-in time. Only the person signing/turning-in rations and one person helping load/unload vehicle will be permitted in the warehouse. All other personnel will remain in the break area or outside (exceptions are made on a case by case basis).

UNIT INFORMATION

Date

MEMORANDUM FOR TISA Subsistence Supply Manager, Fort AP Hill, Va
22427-3100

SUBJECT: Planned Feeding Cycle/Estimated Present for Duty
Strength

1. The following information is the planned feeding
cycle/estimated headcount effective 4 Feb 10 through 07 Feb 10,
UIC: XXXXXX.

DATE	HEADCOUNT (Breakfast/Lunch/Dinner)	CYCLE
4 Feb	500/500/500	M-M-M
5 Feb	500/500/500	A-M-A
6 Feb	500/500/500	A-M-A
7 Feb	500/500/500	H-H-X

2. Request to pick up rations on (M,W,F), 03 Feb 10.

3. The POC for this action is: _____,
DSN: _____.

SIGNATURE BLOCK
XXX, XXX
XXXXXXXXXXXXXXXXXXXX

Legend:

- A-UGR-A
- M- MRE
- H-Heater Meal
- X- No meal requested

EXAMPLE # 1

MILITARY INTERDEPARTMENTAL PURCHASE REQUEST					1. PAGE 1 OF PAGES					
2. FSC		3. CONTROL SYMBOL NO.		4. DATE PREPARED		5. MIPR NUMBER		6. AMEND NO.		
7. TO: FORT A.P. HILL ATTN: Resource Management Office Karen Mountjoy (Karen.Mountjoy@us.army.mil Phone: 804 633-8554 Fax: 804 633-8361					8. FROM: (Agency, name, telephone number of originator)					
9. ITEMS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ACCOMPLISHED.										
ITEM NO.	DESCRIPTION <i>(Federal stock number, nomenclature, specification and/or drawing No., etc.)</i>				QTY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL PRICE		
<i>a</i>	<i>b</i>				<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>		
10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.								11. GRAND TOTAL		
12. TRANSPORTATION ALLOTMENT <i>(Used if FOB Contractor's plant)</i>					13. MAIL INVOICES TO <i>(Payment will be made by)</i>					
PAY OFFICE DODAAD										
14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW. THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.										
ACRN	APPROPRIATION	LIMIT/ SUBHEAD	SUPPLEMENTAL ACCOUNTING CLASSIFICATION				ACCTG STA DODAAD	AMOUNT		
15. AUTHORIZING OFFICER <i>(Type name and title)</i>					16. SIGNATURE			17. DATE		

EXAMPLE # 2

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. Sections 3325, 3528, and DoD Financial Management Regulation (FMR), Vol. 5. :

PRINCIPAL PURPOSE(S) To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.

SECTION I - FROM: APPOINTING AUTHORITY

1. NAME <i>(First, Middle Initial, Last)</i>	2. TITLE	3. DOD COMPONENT/ORGANIZATION
4. DATE <i>(YYYYMMDD)</i>	5. SIGNATURE	

SECTION II - TO: APPOINTEE

6. NAME <i>(First, Middle Initial, Last)</i>	7. SSN	8. TITLE
9. DOD COMPONENT/ORGANIZATION	10. ADDRESS <i>(Include ZIP Code)</i>	
11. TELEPHONE NUMBER <i>(Include Area Code)</i>	12. EFFECTIVE DATE OF APPOINTMENT <i>(YYYYMMDD)</i>	
13. POSITION TO WHICH APPOINTED <i>(X as applicable)</i> <input type="checkbox"/> DEPUTY DISBURSING OFFICER <input type="checkbox"/> DISBURSING AGENT <input type="checkbox"/> PAYING AGENT <input type="checkbox"/> CASHIER <input type="checkbox"/> CHANGE FUND CUSTODIAN <input type="checkbox"/> COLLECTION AGENT <input type="checkbox"/> CERTIFYING OFFICER <input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL <input type="checkbox"/> PREPAYMENT REVIEW OFFICIAL <input type="checkbox"/> OTHER <i>(Specify)</i> _____		

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:

15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED:

SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in item 17 below.

16. PRINTED NAME <i>(First, Middle Initial, Last)</i>	17. SIGNATURE
---	---------------

SECTION IV - TERMINATION OF APPOINTMENT

The appointment of the individual named above is hereby revoked.	18. DATE <i>(YYYYMMDD)</i>	19. APPOINTEE INITIALS
20. NAME OF APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE

EXAMPLE # 3

RATION REQUEST/ISSUE/TURN-IN SLIP														DATE (YYYYMMDD)				
For the use of this form, see DA PAM 30-22; the proponent agency is DCS, G4														REQUEST				
TO: TISA, FORT A.P. HILL, VA														ISSUE				
FROM: UNIT NAME AND ADDRESS														TURN-IN				
CONSUMPTION DATE(S) BASED ON CORRECT CYCLE CONSUMPTION (EXAMPLE IS FOR 2 DAY CYCLE)														ISSUE date				
ITEMS	NUMBER OF MEAL(S) REQUESTED	UI	100			100			D	L	B	D	L	B	D	SUPPLY ACTION	UNIT PRICE	DOLLAR VALUE
			B	L	D	B	L	D										
UGR-A RATIONS	2.00	MOD	2.00	2.00	2.00	2.00	2.00	2.00								8.00		
MRES		CS		9.00												18.00		
ENHANCEMENTS WILL AUTOMATICALLY BE ISSUED WITH UGR-AS																		
REQUESTED BY:	SIGNATURE REQUIRED		ISSUED BY:			ISSUED BY:			TOTAL DOLLAR									
RECEIVED BY:			RECEIVED BY:			RECEIVED BY:			CONTROL NO.									
PAGE NO.	NO. OF PAGES	REMARKS:																
		PLEASE INDICATE POINT OF CONTACT WITH PHONE NUMBER (INDICATE WHETHER COMMERCIAL OR DSN)																

EXAMPLE # 4

RATION REQUEST/ISSUE/TURN-IN SLIP										DATE (YYYYMMDD)							
For the use of this form, see DA PAM 30-22; the proponent agency is DCS, G4										REQUEST	X						
TO: TISA, FT A P HILL, VA										ISSUE							
FROM: UNIT NAME AND ADDRESS										TURN-IN							
CONSUMPTION DATE(S) BASED ON CORRECT CYCLE CONSUMPTION (EXAMPLE IS FOR 2 DAY CYCLE)										ISSUE date							
NUMBER OF MEAL(S) REQUESTED	UI	100	B	100	L	D	B	100	L	D	B	L	D	TOTAL	SUPPLY ACTION	UNIT PRICE	DOLLAR VALUE
E61-8400	CO		36.00											36.00			
Pancakes w/Apple Topping																	
E61-8399	CO		36.00											36.00			
Scrambled Eggs w/Bacon																	
E61-8401	CO		36.00											36.00			
Pancakes w/Blueberry Topping																	
E61-8398	CO			12.00										12.00			
Three Cheese Lasagna																	
E61-8392	CO			12.00										12.00			
Beef, Potato & Gravy																	
E61-8395	CO			12.00										12.00			
Chicken & Noodles in Gravy																	
E61-8394	CO			12.00										12.00			
Pepper Steak w/Rice																	
E61-8393	CO			12.00										12.00			
Diced Beef & Potatoes in BBQ																	
E61-8397	CO			12.00										12.00			
SW Chicken w/Beans & Rice																	
E61-8404	CO			12.00										12.00			
Vegetarian Pasta Fagioli																	
E61-8396	CO			12.00										12.00			
Chicken Pasta Italiana																	
E59-9717	CO			18.00										18.00			
PBJ																	
REQUESTED BY:											ISSUED BY:			TOTAL DOLLAR			
RECEIVED BY:											RECEIVED BY:			CONTROL NO.			
PAGE NO.											REMARKS:						

All meals listed above (except the PBJ) are the new heater meals. They do not require refrigeration. The heater meals are issued in cases of 12 meals. The PBJ meals are issued in cases of 18 meals. Box lunch meals are authorized for TRAVEL MEALS ONLY.

EXAMPLE # 5

RATION REQUEST/ISSUE/TURN-IN SLIP														DATE (YYYYMMDD)				
For the use of this form, see DA PAM 30-22; the proponent agency is DCS, G4																		
TO: TISA, FT A P HILL, VA														REQUEST				
FROM: UNIT NAME AND ADDRESS														ISSUE				
CONSUMPTION DATE(S) BASED ON CORRECT CYCLE CONSUMPTION (EXAMPLE IS FOR 2 DAY CYCLE)														TURN-IN				
ITEMS	UI	B	L	D	B	L	D	B	L	D	L	D	TOTAL	SUPPLY ACTION	UNIT PRICE	DOLLAR VALUE	ISSUE date	
																		NUMBER OF MEAL(S) REQUESTED
E10-0002 HALAL MRES	bx		9.00										9.00					
E10-0001 KOSHER MRES	bx					9.00							9.00					
REQUESTED BY: SIGNATURE REQUIRED														ISSUED BY:		TOTAL DOLLAR		
RECEIVED BY:														RECEIVED BY:		CONTROL NO.		
PAGE NO.		NO. OF PAGES		REMARKS: IF KOSHER/HALAL MEALS ARE REQUIRED, CHAPLAIN'S MEMORANDUM WITH A ROSTER MUST ACCOMPANY THIS REQUEST. MRES WILL NOT BE ORDERED WITHOUT THIS INFORMATION.														

Information for requesting ice

1. Ice is an item of subsistence supply. It is paid for by requesting unit using funds sent by Mipr.
2. Ice allowances are established by the Installation Commander based on the following factors:
 - a. Type and quantity of refrigeration available.
 - b. Prevailing climatic conditions.
 - c. Menu served in the field for the amount needed to preserve food and cool beverages.

3. Seasonal temperatures experienced at Fort AP Hill are as follows:

	High	Low
Winter	53 Degrees F	8 degrees F
Spring	80 Degrees F	29 degrees F
Summer	104 Degrees F	78 degrees F
Fall	98 Degrees F	75 degrees F

4. Climate temperature will serve as the guiding factor for allowances as follows:

Temperature	Lbs Per Man Per Day
0-60 F	1
61-70 F	2
71-80 F	3
81-90 F	4
91-100 F	7
101-110 F	10
111-120 F	13

EXAMPLE # 6

RATION REQUEST/ISSUE/TURN-IN SLIP
For the use of this form, see DA PAM 30-22; the proponent agency is DCS, G4

TO: TISA, Ft A P Hill		REQUEST													DATE (YYYYMMDD)				
FROM: UNIT NAME		ISSUE													X				
CONSUMPTION DATE(S)		TURN-IN																	
NUMBER OF MEAL(S) REQUESTED		ISSUE date													X				
ITEMS	UI	B	L	D	B	D	L	B	D	L	D	B	L	D	TOTAL	SUPPLY ACTION	UNIT PRICE	DOLLAR VALUE	
ICE - Block (10-12 lb)	bj																		
ICE - Cubed (35 lb)	bg																		
REQUESTED BY:																			TOTAL DOLLAR
ISSUED BY:																			
RECEIVED BY:																			CONTROL NO.
RECEIVED BY:																			
PAGE NO.																			
1																			
NO. OF PAGES																			
1																			
REMARKS:	POINT OF CONTACT & PHONE NUMBER (Please indicate if this is a DSN or Commercial number)																		

EXAMPLE # 7

RATION REQUEST/ISSUE/TURN-IN SLIP										DATE (YYYYMMDD)				
For the use of this form, see DA PAM 30-22; the proponent agency is DCS, G4										X				
TO: TISA, Ft A P Hill										REQUEST				
FROM: UNIT NAME AND ADDRESS										ISSUE				
CONSUMPTION DATE(S) BASED ON CORRECT CYCLE CONSUMPTION										TURN-IN				
NUMBER OF MEAL(S) REQUESTED										ISSUE date				
ITEMS	UI	B	L	D	B	L	D	B	L	D	TOTAL	SUPPLY ACTION	UNIT PRICE	DOLLAR VALUE
E09-7005 Hot chocolate (6 bx/50 pkg ea)	bx												0.00	
E59-1419 Coffee (28/14 oz pg)	cs												0.00	
E19-6044 Sugar Indiv (2000 pkg per co)	co												0.00	
E09-2267 Creamer (2000 pkg)	bx												0.00	
E09-4764 (12 pkg per case) Bev base, Lemonade	pg												0.00	
E09-1674 (24 pkg per case) Tea Mix Sweet w/Lemon	pg												0.00	
E09-0358 (12 pkg per case) Bev Base Orange	pg												0.00	
E19-6167 (12 pkg per case) Bev Base Grape	cs												0.00	
E59-9134 (15 pkg per case) Bev Base Trop Punch	pg												0.00	
E09-3929 Crackers (500 pkg per case)	co												0.00	
E60-2270 (4/15.4 oz pkg) Soup, Chicken Noodle Dehy	pg												0.00	
E61-2699 (4 pkg per case) Soup, Veg Beef & Barley Dehy	pg												0.00	
E61-2689 (4 pkg per case) Soup, Chicken Tortilla	pg												0.00	
E60-0952 (5 bx per case) Coffee, Instant (500 pkg per bx)	bx												0.00	
REQUESTED BY:										ISSUED BY:		TOTAL DOLLAR		
RECEIVED BY:										RECEIVED BY:		CONTROL NO.		
PAGE NO.	NO. OF PAGES		REMARKS:											
1	2		* Dehydrated soup has 16 servings per pkg.											

EXAMPLE # 8

STRENGTH AND FEEDER REPORT

For use of this form, see DA PAM 30-22; the proponent agency is DCS, G-4.

1. UNIT/ORGANIZATION UNIT NAME		2. TO FAPH		3. DATE (YYYYMMDD)	
4. REPORT DATES (YYYYMMDD)			5. <input type="checkbox"/> REQUEST <input type="checkbox"/> REPORT		
6. PERSONNEL PRESENT FOR DUTY BY SERVICE COMPONENT					
U.S. ARMY <i>(Active)</i>					
U.S. AIR FORCE <i>(Active)</i>					
U.S. NAVY <i>(Active)</i>					
U.S. MARINES <i>(Active)</i>					
ARNG					
USAR					
7. SUPPORTED UNITS					
8. MEALS SOLD FOR CASH					
9. GRAND TOTAL					
10. REMARKS					
<p>***INDICATE DAILY STRENGTH....NOT MEALS ISSUED LAW AR 30-21 PAGE 11</p>					
11a. SIGNATURE		11b. RANK		11c. DATE (YYYYMMDD)	

Unitized Group Rations A Option (UGR-A)

The UGR-A in addition to its core food items, includes perishable/frozen type entrees to provide the luxury of a A-Ration meal in the field. But it is configured into individual meal modules for ease of ordering and distribution with the preparation similar to any A- Ration meal. With the exception of mandatory supplements, such as bread, milk, and cold cereal, the 7 Breakfast and 16 lunch/dinner menus contain all food items and disposable items (cups, trays, etc.) necessary to feed 50 warriors. Each menu including mandatory supplements provides an average of 1450 kilocalories (14% protein, 32% fat and 54% carbohydrates).

UGR-A modules shall have at least a 3 month shelf life at 80 degrees for semi-perishable and 0 degrees for perishable.

Each module has two NSN's for ordering purposes, 1 for Perishables and 1 for Semi-perishable.

*Mandatory Supplements/ Enhancements: Fresh bread, 8 oz 1% milk and 1 box of cold cereal per individual and fresh produce.

UGR BREAKFAST MENUS - A RATION OPTION						
MENU 1	MENU 2	MENU 3	MENU 4	MENU 5	MENU 6	MENU 7
SP 525-6344 P 525-6726	SP 525-6366 P 525-6729	SP 525-6370 P 525-6733	SP 525-6372 P 525-6735	SP 525-6377 P 525-6739	SP 525-6389 P 525-6740	SP 525-6720 P 525-6744
Orange Juice Hominy Grits Quesadilla, Saus & Egg Ranchero Beef Eggs Hash Browns Ham Slice Biscuits Cheddar Chs Sauce Muffins, Blueberry Margarine & Honey Jam Strawberry Coffee w/cream Cappuccino Frnch Van Pepper & Salt Salsa & Picante Sauce Chili Lime Hot Sauce Oil, Vegetable	Apple Juice Diet Cranbry Juice Chicken Brst Fillet Eggs Hash Browns Ham Slice Biscuits Cheddar Chs Sauce Muffins, Blueberry Margarine & Honey Jam Strawberry Coffee w/cream Cocoa Pepper & Salt Minced Onion Oil, Vegetable Catsup & Hot Sauce	Orange Juice Assorted Danish Fr Tst & Sau Taquito Bacon Eggs Hash Browns Breakfast Steak Pepper & Onions Catsup & Hot Sauce Margarine Grape Jelly & Syrup Coffee w/cream Cappuccino Ir Crm Pepper & Salt Steak Seasoning Oil, Vegetable Minced Onions Oatmeal, Apple Cinn	Grape Juice Eggs Taquito, Ranchero Bf Cheddar Saus Gravy Hominy Grits Biscuits Coffee Cake Fruit Filled Bar Catsup & Hot Sauce Margarine Grape Jelly & Syrup Coffee w/cream Cocoa Oil, Vegetable Minced Onions Pepper & Salt	Orange Juice Hominy Grits Eggs Hash Browns Bacon, Chipotle Flv Bluberry Pancake Toaster Pastry Donut Catsup & Hot Sauce Jam Strwbry Syrup Coffee w/cream Cocoa Pepper & Salt Oil, Vegetable Minced Onion Salsa/Picante Sce	Trop Blend Juice Hash Browns Eggs Egg&Chorizo Wrap French Toast Bacon French Toast Cookie Muffins, Variety Oatmeal, Brown Maple Catsup & Hot Sauce Margarine Grape Jelly & Syrup Coffee w/cream Cappuccino Pepper & Salt Minced Onion Oil, Vegetable	Grape Juice Diet Apple Juice Oatmeal, Apple Cinn Eggs Sausage Links Hominy Grits Beef Brkfst Skillet Pancakes-Potato Cin Bagel w/Apple Fill Strawberry Poptart Chili Lime Hot Sauce Catsup Margarine Jam, Strawberry Coffee w/cream Cocoa Pepper & Salt Oil, Vegetable
MENUS UPDATED AS OF 9-15-10 FOR FY11 MENUS						

UGR LUNCH/DINNER MENUS - A RATION OPTION	
MENUS 15-16	
<u>MENU 15</u>	<u>MENU 16</u>
SP 525-6803	SP 576-7785
P 525-6825	P 576-7824
Tomatillo Pork	Meatloaf w/Sauce
Buffalo Chkn Mac & Chs	Loaded Mashed Potatoes
Carrots	Corn
Rice	Brown Gravy
Poblano Corn Chwdr	Cookies
Flour Tortillas	Pears Ind
Mini Cheesecakes	Grape Drink
Choc Disks w/Peanuts	Diet Peach Iced Tead
Chili Lime Ht Sauce	Marg & Hot Sauce
Diet White Bluberry Tea	Coffee w/Creamer
Orange Gatorade	Veg Seasoning
Marg	Pepper & Salt
Coffee w/Creamer	
Caramel Sauce	
Veg Seasoning	
Pepper & Salt	
MENUS UPDATED AS OF 9-15-10 FOR FY11 MENUS	