UNIT LETTER HEAD

UNIT OFFICE SYMBOL DATE

MEMORANDUM FOR Logistics Readiness Center, Food Service Section, USAG Fort Devens, MA 01434

SUBJECT: Request for Catered Meal Support

1. (ENTER UNIT DESIGNATION HERE) is requesting catered meal support for (ENTER EITHER BATTLE ASSEMBLY OR ANNUAL TRAINING HERE).
2. The following number of meals are required on the dates shown:

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| --- | --- | --- | --- |
| **Date** | **Breakfast** | **Lunch** | **Dinner** |
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1. There will be (ENTER EITHER 0 OR ACTUAL NUMBER HERE) Soldiers that will be paying the catered meal price, these Soldiers are receiving Per Diem. Soldiers paying cash are not included in the meal count in Paragraph 2.
2. Point of contact for this request is (ENTER RANK AND NAME HERE) at (ENTER TELEPHONE NUMBER WITH AREA CODE AND E-MAIL ADDRESS HERE).
3. **All meal request support forms must be signed by the commander of requesting unit/command. Changes to meal request forms, increase or decrease to final headcount numbers are required no later than 72 hours prior to service support date; and initialed by requesting commander.**
4. Requesting commands should ensure funds are in place and verify request numbers have not changed 72 hours prior to service support date.
5. Meal support request will be e-mailed to [esther.l.cabrera.civ@mail.mil](mailto:esther.l.cabrera.civ@mail.mil).

SIGNATURE BLOCK HERE