

**MEAL VERIFICATION PERSONNEL ROSTER**

PRIVACY ACT STATEMENT: THE ENCLOSED DOCUMENT(S) MAY CONTAIN PERSONAL OR PRIVILEGED INFORMATION AND SHOULD BE TREATED AS "FOR OFFICIAL USE ONLY". UNAUTHORIZED DISCLOSURE OF THIS INFORMATION MAY RESULT IN CIVIL AND CRIMINAL PENALTIES. IF YOU ARE NOT THE INTENDED RECIPIENT OR BELIEVE THAT YOU HAVE RECEIVED THIS DOCUMENT(S) IN ERROR, DO NOT COPY, DISSEMINATE OR OTHERWISE USE THE INFORMATION AND CONTACT THE OWNER/CREATOR OR YOUR PRIVACY ACT OFFICER REGARDING THE DOCUMENT(S). DISCLOSURE OF THIS INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY IMPEDE, DELAY OR PREVENT FURTHER PROCESSING OF THIS REQUEST.

Date: \_\_\_\_\_

2. Pay Type (Check Applicable Box):     Meal Card     Comrats     MIPR     Other (Cash, Check, Credit)

3. Organization/Section/Unit: \_\_\_\_\_

4. Point of Contact: (Name, Rank, Title) \_\_\_\_\_

5. Phone: (Daytime Number) \_\_\_\_\_

ALL PERSONNEL ROSTERS MUST BE SEPARATED BY ENTITLEMENTS, BRANCH OF SERVICE AND WHETHER CIVILIAN ORGANIZATION, OFFICER OR ENLISTED.

6.	A. L. Name, F. Name M. Initial	B. Rank	C. Branch	D. EDIPI/Meal Card	#	A. L. Name, F. Name M. Initial	B. Rank	C. Branch	D. EDIPI/Meal Card
1.					36.				
2.					37.				
3.					38.				
4.					39.				
5.					40.				
6.					41.				
7.					42.				
8.					43.				
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28.					63.				
29.					64.				
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32.					67.				
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34.					69.				
35.					70.				

Previous Editions are Obsolete

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Date: \_\_\_\_\_

8. Organization/Section/Unit:									
#	A. L. Name, F. Name M. Initial	B. Rank	C. Branch	D. EDIPI/Meal Card	#	A. L. Name, F. Name M. Initial	B. Rank	C. Branch	D. EDIPI/Meal Card
71.					96.				
72.					97.				
73.					98.				
74.					99.				
75.					100.				
76.					101.				
77.					102.				
76.					103.				
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95.					120.				

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121.					146.				
122.					147.				
123.					148.				
124.					149.				
125.					150.				
126.					151.				
127.					152.				
128.					153.				
129.					154.				
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141.					166.				
142.					167.				
143.					168.				
144.					169.				
145.					170.				

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171.					196.				
172.					197.				
173.					198.				
174.					199.				
175.					200.				
176.					201.				
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193.					218.				
194.					219.				
195.					220.				

9. TOTAL

I **HEREBY CERTIFY** that this personnel roster is accurate and complete as indicated. I am aware that if any modifications to personnel rosters are made that I will make all possible attempts to alert appropriate authorities **THREE DAYS** prior to meal consumption.

10. \_\_\_\_\_  
Name and Grade of Point of Contact

11. \_\_\_\_\_  
Signature of Point of Contact