

### KITCHEN REQUISITION

For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

1.

PAGE \_\_\_\_\_ OF \_\_\_\_\_

2. UNIT

3. DATE (YYYYMMDD)

4. MEAL

B	L	D	BR	S	SO	N	B/L
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ITEM NAME

6. UNIT OF  
ISSUE

7. QUANTITY  
DRAWN

8. QUANTITY  
RETURNED

9. TOTAL USED

10. SHIFT LEADER'S SIGNATURE

11. RANK