RATION CONTROL SHEET For the use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.									1. PAGE OF	
2. UNIT 3. TYPE OF RATION UGR-A MRE OTHER									4. PERIOD	
a. DATE (YYYYMMDD)	b. MODULES DRAWN	c. MEALS DRAWN	d. MEALS RETURNED	e. MEALS ISSUED	f. CUM BAL MEALS ON HAND	g. NO. OF PERSONS SUPPORTED	h. UNIT, INDIVIDUAL ACTIVITY ISSUED TO	i. SIGNATURE OF INDIVIDUAL RECEIVING MEAL		j. ISSUED BY
5										
5. REMARKS								6a. REVIEWED BY		
								6b. DATE (YYYYMMDD)		