HEADCOUNT RECORD	Accounts for n kitchen or field	neals sold in a I feeding	dining	facility, flight	Serial No.										
ORGANIZATION OR DINING FACI		6			DATE										
Meal/Flight Meal Rate For Meal Periods B/L/D/M			\$	\$		Operating Charge fo	or Meals Shown	\$ \$							
Shown			\$ \$					\$							
NAME	COLU! Grade	MN A Meal	DoD ID Sales Op			N	4ME	COLUM Grade	MN B Meal DoD ID Sales Op						
1.		Period	Number	Amount	Cĥg	26.	1.712		Period	Number	Amount	Cĥg			
1.						20.									
2.						27.									
3.						28.									
4						29.									
5.						20									
J.						30.									
6.						31.									
7.	1					32.									
··						32.									
8.						33.									
9.						34.									
10.						35.									
11.						36.									
12.						27									
12.						37.									
13.						38.									
14.						39.									
•						57.									
15.						40.									
16.						41.									
17.						42.									
18.						43.									
10															
19.						44.									
20.						45.									
21.						46.									
21.						40.									
22.						47.									
23.						48.									
24.						49.									
25.						50.									
						# of SIK Meals from Column		Sales Amount from Column		Ope. Chare	rating \$				
# of SIK Meals	Sales Amou	ent \$.0	erating \$		B # of SIK Meals		B Sales Amount	U	Colu	mn B				
from Column A	from Column A		Chai	rge from lumn A		from Column		from Column		Charg		.00			
Cotumn A	Column A		C01	umn A		A & B		A & B		Colum	плкв				
				DDIVACV	ACTE	TATEMENT									

AUTHORITY: 10 U.S.C., Chapter 40; 37 U.S.C., Chapter 9; EO 9397, November 1943

PRINCIPAL PURPOSES: Used to authorize and verify the Subsistence-in-Kind entitlement; record the numbers of people subsisting; and account for cash collected.

ROUTINE USES: Information may be disclosed to the Department of Justice, and to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or

potential violation of law.

DISCLOSURE: Disclosure of SSN is voluntary. However, members otherwise entitled to Subsistence-in-Kind will not be provided a meal at no cost without the SSN, since the SSN is used to verify the entitlement.

COLUMN C								COLUMN D											
# of SIK Meals from Column A & B		Amoun	ales nt from n A & B	\$ 0		Opera Charge Column	ting \$ from 0.0	00	# of SIK M From Coli A, B, &	Column From C		les Amou om Colun 4, B, & C	nt nn	\$ O	Operating		\$ 0		
	NAME		Grade	Meal Period		oD ID	Sales Amount	Op Chg	, ,		4ME		Gre		Meal Period	Dol) ID	Sales Amount	Op Cha
51.				renoa	Ni	ımber	Amount	Cng	72.						renou	Nun	nber	Amount	Chg
52.									73.										
53.									74.										
54.									75.										
55.									76.										
56.									77.										
57.									78.										
58.									79.										
59.									80.										
60.									81.										
61.									82.										
62.									83.										
63.									84.										
64.									85.										
65.									86.										
66.									87.										
67.									88.										
68.									89.										
69.									90.										
70.									91.										
71.									92.										
# of SIK Meals from Column C		ales Am om Coli C	umn	\$ 0	O	perating Cl from Colu C	harge \$ mn 0	<u> </u>	# of SIK Mo from Colu D				Sales Am from Col D		\$ 0	Chai Ca	erating rge from olumn D	\$ 0	
Refund Data								Total All	Cash	Collect	ed		\$			D			
	NAME	AME Grade Meal Meal Amount Refunded Type*			Less Refunds					\$									
a.						\$	\$		Cash Overages/Shortages				\$						
b.						\$			Net Cash	for Ti	ırn-In			\$					
c.						\$			Total All SIK Meals		Total # of Cash Meals			Disc R	Total Total Discount Operating Rate Charge		3 0)	
Explanation for Refunds:							Explanation of overages/shortages												
Signature and Grade of Facility Supervisor								Signature and Grade of Person Making Collection											