

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"/> <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