

| GUEST LOG FOR MEALS For use of this form, see AR 40-330; the proponent agency is OTSG | | DATE | NUMBER |
|---|--------------------|--|--------------|
| HOSPITAL | | MEAL | |
| NAME AND GRADE | MISCELLANEOUS DATA | BRANCH OF SERVICE <i>(Specify Army, Navy, Air Force, Etc.)</i> | CASH PAYMENT |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
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| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| TYPED OR PRINTED NAME OF DINING HALL CASHIER | | TOTAL CASH RECEIVED | |
| | | SIGNATURE | |