

REQUEST FOR SUBSISTENCE PAYROLL DEDUCTION

For use of this form, see AR 600-38, the proponent Agency is the Office of the Deputy Chief of Staff for Logistics

FROM:	TO:	MEAL RATES Breakfast _____ Lunch _____ Dinner _____	EXERCISE TITLE _____ DATE _____
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SECTION A

a.		b. Social Security Number	c. Beginning Date and Meal	d. Ending Date and Meal	e. Total Meals Served			f. Meals Missed (DD Form 1475)			g. Total Meals Charged/Col e-f			h. Total Payroll Deduction (Col g x Meal Rates)
Grade	Name of Individual				B	L	D	B	L	D	B	L	D	

SECTION B

Typed/Printed Name of Commander	Signature of Commander	Date
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SECTION C

Typed/Printed Name of FAO	Signature of FAO or Designated Representative	Date Received at FAO
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