

COMPANY DINING REPORT

REPORT
(MONTH)

DATE
(DAY)

TIME
(HOURS)

YEAR
(YEAR)

STATION 3-11-2011 471 101 20 101 20

ORGANIZATION Co 3 101 20 101 20

SERIAL NUMBER NAME GRADE CODE

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OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED										
ATTACHED										
UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL										

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED						
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL						

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK DATE	NUMBER
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		
		BREAKFAST	DINNER	SUPPER
		MEN AUTHORIZED TO MESS SEPARATELY		
		MEN ATCHD FOR RATIONS O & OTHERS MESSED		
		MEN ATCHD TO OTHER ORGN FOR RATIONS		
		NET		
		PLUS		
		TOTAL		

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CERTIFY THAT THIS REPORT IS CORRECT AND
TRUE TO THE BEST OF YOUR KNOWLEDGE

[Signature]

SIGNATURE

DATE

TIME

LOCATION