Rations Nominal Roll

Corps/Squadron Number & Name:							UIC:	
Name of Exercise:				Location of Exercise:			HQ Serial #	
Exercise Start:				Exercise End:			# of Participants:	
Date: Time:				Date:		Time:		
Check on	e: 🔲 F	resh Rations		idual Meals Packs			signatures in pen required)	
Indicate the number of Meals:				Breakfast		Lunch	Supper	
		~						
Rank	Name & Initials		Sigr	Signature Ra		Name & Initials	Signature	
l l						•		
I certify t	hat the name	es listed above	are correct a	and are enroll	ed member	s of		
							·	
Date Commanding Officer's Signature								