

HEADCOUNT RECORD			Accounts for meals sold in a dining facility or field feeding				Serial No.				
ORGANIZATION OR DINING FACILITY						DATE					
Meal/Flight Meal Rate For Meal Periods Shown (indicate if meals were sold ala carte)		B/L/D/M/R/S ALA		\$		Operating Charge for Meals Shown (if ala carte, enter percentage)		\$		Percentage:	
				\$				\$			
COLUMN A						COLUMN B					
<i>NAME</i>		<i>Grade</i>	<i>Meal Period</i>	<i>Social Security Number</i>	<i>Sales Amount</i>	<i>Op Chg</i>	<i># of SIK Meals from Column A</i>	<i>Sales Amount from Column A</i>	\$	<i>Operating Charge from Column A</i>	\$
							<i>NAME</i>	<i>Grade</i>	<i>Meal Period</i>	<i>Social Security Number</i>	<i>Sales Amount</i>
1.											
2.							26.				
3.							27.				
4.							28.				
5.							29.				
6.							30.				
7.							31.				
8.							32.				
9.							33.				
10.							34.				
11.							35.				
12.							36.				
13.							37.				
14.							38.				
15.							39.				
16.							40.				
17.							41.				
18.							42.				
19.							43.				
20.							44.				
21.							45.				
22.							46.				
23.							47.				
24.							48.				
25.							49.				
							50.				
<i># of SIK Meals from Column A</i>		<i>Sales Amount from Column A</i>	\$	<i>Operating Charge from Column A</i>	\$	<i># of SIK Meals from Column A & B</i>		<i>Sales Amount from Column A & B</i>	\$	<i>Operating Charge from Column A & B</i>	\$

* Write in B - Breakfast, L - Lunch, D - Dinner, M - Midnight, R - Brunch, S - Supper. To determine mealdays, multiply the number of meals served by the appropriate meal percentage: Breakfast - 20%, Lunch-40%, Dinner-40%, Midnight-20 or 40%, Brunch-45%, and Supper-55%.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., Chapter 40; 37 U.S.C., Chapter 9; EO 9397, November 1943
PRINCIPAL PURPOSES: Used to authorize and verify the Subsistence-in-Kind entitlement; record the numbers of people subsisting; and account for cash collected.
ROUTINE USES: Information may be disclosed to the Department of Justice, and to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law.
DISCLOSURE: Disclosure of SSN is voluntary. However, members otherwise entitled to Subsistence-in-Kind will not be provided a meal at no cost without the SSN, since the SSN is used to verify the entitlement.

COLUMN C							COLUMN D						
# of SIK Meals from Column A & B		Sales Amount from Column A & B	\$	Operating Charge from Column A & B	\$		# of SIK Meals From Column A, B, & C		Sales Amount From Column A, B, & C	\$	Operating Charge From Col A, B, & C	\$	
NAME		Grade	Meal Period	Social Security Number	Sales Amount	Op Chg	NAME		Grade	Meal Period	Social Security Number	Sales Amount	Op Chg
51.							72.						
52.							73.						
53.							74.						
54.							75.						
55.							76.						
56.							77.						
57.							78.						
58.							79.						
59.							80.						
60.							81.						
61.							82.						
62.							83.						
63.							84.						
64.							85.						
65.							86.						
66.							87.						
67.							88.						
68.							89.						
69.							90.						
70.							91.						
71.							92.						
# of SIK Meals from Column A, B, & C		Sales Amount from Column A, B, & C	\$	Operating Charge from Column A, B, & C	\$		Total All SIK Meals		Total Discount Rate Collected	\$	Total Operating Charge	\$	
Refund Data							Total All Cash Collected						
NAME		Grade	Meal Period	Meal Type*	Amount Refunded		Less Refunds					\$	
a.					\$		Cash Overages/Shortages					\$	
b.					\$		Net Cash for Turn-In					\$	
c.					\$		Total Number of Cash Meals		SIK Mealdays		BAS Mealdays		
Explanation for Refunds:							Explanation of overages/shortages						
Signature and Grade of Facility Supervisor							Signature and Grade of Person Making Collection						

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