USAG-KA Special Meal Request					
Requesting Unit Information:			Submission Date:		
			Start/End Date:		1
Type of Food Service:	Dine In Boxed Meal Merm	nite Other(<i>desc</i>	ribe)	•	
Requested Service:	Pickup Drop Off				
Supported Event:		•			
''					
Justification for support:					
Authorized Requestor Sign	<u> </u> nature				
Meal	Headcount/Time Required	1			
]			
		1			
		Name: Phone:			
		Email:			
		Lillall.			
Policy Place Approval/Disapprov	proval ensures compliance with				
		Name:			
		Rank/Dept:			
		Org:			
Dining Facility Manager's subsistence is available Place Approval/Disapprov					
		Name:			
		Rank/Dept:	CIV/Dining Facility Man	ager	
		Org:	VECTRUS		
ACO Approval authorizes of Place Approval/Disapprov	_				
ι ιατέ Αργιοναί/ Δισαρρίον	urriere	Name:			
		Rank/Dept:			
		Org:			
Remarks/Special Instructions:					

DFAC will not issue any raw meats at any time