



UNITED STATES MARINE CORPS  
MARINE CORPS INSTALLATIONS NATIONAL CAPITAL REGION  
MARINE CORPS BASE QUANTICO  
3250 CATLIN AVENUE  
QUANTICO, VA 22134-5001

IN REPLY REFER TO:  
10110  
B214

**JUL 12 2019**

**BASE FOOD SERVICE MEMORANDUM 03-19**

From: Food Service Officer, Food Service Branch, G-4 Logistics  
To: Commanders, Quantico, VA

Subj: PROCEDURES FOR SPECIAL MEAL REQUEST SUBMISSION

Ref: (a) MSG MCICOM G FOUR (DTG: 301937Z May 17) POS Fielding  
Plan

Encl: (1) Special Meal Request Form  
(2) Performance Nutrition Packs (PNP) Form (Note: OCS  
only)  
(3) Personnel Roster Format (by type/category)  
(4) Pay Checkage Letter (Army, Navy, Air Force)

1. Units are required to submit a Special Meal Request for bulk feeding requirements for consumption away from the mess hall. These meals include boxed meals, recreational meals, or containerized field meals. Officer Candidate School will submit a separate form when requesting performance nutrition packs (PNP) and cliff bars.

2. The following information is required in order to process unit request: Requesting unit will complete and provide a written request using the approved form enclosure (1) 10 days in advance of the required pick-up date. The request must include all required information, ensuring to outline the type of support requested, number of personnel to be supported, the designated group leader's Electronic Data Interchange Personal Identifier (EDIPI) (person that will sign) to pick up the meals and a unit point of contact if different from the group leader. The request must also include supporting documentation for each person being provided a meal, using the approved format enclosure (3).

3. Note that the personnel roster format requires the requesting unit to separate the list of supported personnel by service type i.e. USMC/USN/USAF (see tabs located on the bottom of the roster), entitlement type, and the duty status (Active Duty (AD) Reserves (RES)) under component.

Subj: PROCEDURES FOR SPECIAL MEAL REQUEST SUBMISSION

(1) Subsistence in kind (SIK). For personnel authorized to subsist at government expense, using the SIK tab, list each individual's rank and EDIPI number.

(2) Basic allowance for subsistence (BAS). For personnel required to pay for meals, the documentation will include each individual's rank and valid EDIPI number, method of payment (payroll deduction, cash or check) will be verified with actual roster submitted with request. Specific tabs will be used to separate by service type and personnel category. Collection and payment for meals must occur prior to meals being provided.

(3) Payroll Checkage

(a) Marine Corps units will not submit a pay checkage letter, but will identify payment method when submitting request. Note: Members will be entered as receiving a meal via the POS system. Once this information is reported to the Marine Corps Total Force System (MCTFS), each corresponding EDIPI number will be checked for that single meal automatically.

(b) For personnel from other services that are identified as payroll checkage enclosure (4), the requesting unit's administrative section must provide supporting documentation that outline the date and time of the corresponding unit diary entry.

b. The Base Food Service Special Meal Request Coordinator will verify the number of personnel on the supporting list(s) matches the total number of meals requested, and validate meal entitlements in MCTFS. Any discrepancies must be corrected by the requesting unit within 48 hours of notification, or the request will be modified to only account for validated numbers.

c. The unit representative picking up the requested meals will:

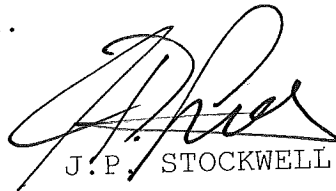
(1) Use the individual Common Access Card (CAC) acknowledging the receipt for all meals provided at government expense and/or meals identified as payroll deduction.

(2) For those meals that require payment, the procedures are similar to those outlined in 2.c.1. above. The only exception will be that the unit POC must make payment (via cash, check or credit card) prior to receiving the subject meals, and the group leader must sign and date receipt from the cashier.

Subj: PROCEDURES FOR SPECIAL MEAL REQUEST SUBMISSION

(3) All cancellations must be submitted 48 hours prior to requested pick-up time. The government may still be obligated for costs associated with requested meals when cancelled less than 48 hours. Units that fail to plan or comply with contractual obligations may be required to reimburse for these costs.

4. Point of contact at Base Food Service regarding this matter is MSgt Mayfield at 784-2491.



J.P. STOCKWELL

Copy to:  
MCB Quantico, AC/S G-4  
Tennent Command S-4 Officers  
District Manager (SDX)  
File

**SPECIAL MEAL REQUEST**

PRIVACY ACT STATEMENT: THE ENCLOSED DOCUMENT(S) MAY CONTAIN PERSONAL OR PRIVILEGED INFORMATION AND SHOULD BE TREATED AS "FOR OFFICIAL USE ONLY". UNAUTHORIZED DISCLOSURE OF THIS INFORMATION MAY RESULT IN CIVIL AND CRIMINAL PENALTIES. IF YOU ARE NOT THE INTENDED RECIPIENT OR BELIEVE THAT YOU HAVE RECEIVED THIS DOCUMENT(S) IN ERROR, DO NOT COPY, DISSEMINATE OR OTHERWISE USE THE INFORMATION AND CONTACT THE OWNER/CREATOR OR YOUR PRIVACY ACT OFFICER REGARDING THE DOCUMENT(S). DISCLOSURE OF THIS INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY IMPEDE, DELAY OR PREVENT FURTHER PROCESSING OF THIS REQUEST

1. FROM: (ORGANIZATION/SECTION/UNIT)	2. DATE: (YYYY-MM-DD)
3. TO : FOOD SERVICE BRANCH	

4. POINT OF CONTACT: (NAME, RANK, TITLE, AND PHONE)

<b>CHOW REQUEST:</b>		6. CONSUMPTION LOCATION:
5. PAY TYPE:		MEAL RATES
7. PERSONNEL BREAKDOWN		THE MEAL RATE IS SET AS DIRECTED BY THE ANNUAL DoD FINANCIAL MANAGEMENT REGULATION. (DoD 7000.14-R)
A.	B.	PLEASE VIEW CURRENT RATES LOCATED ON THE FOOD SERVICE WEBSITE OF REPECTIVE BASES.

8.	A. TYPE OF CHOW	B. MESS HALL	C. MEAL (B,L,D,BB,D)	D. DATES	E. PICK UP TIME	F. PORTION

A ROSTER OF ALL PERSONNEL RECEIVING RATIONS IS REQUIRED PRIOR TO THE COMMENCEMENT OF THE OPERATION. PERSONNEL ROSTER OF PERSONS COLLECTING COMRATS WILL BE SUBMITTED TO S-1 FOR PAYROLL CHECKAGE.

9.	SIGNATURE & DATE
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ADDITIONAL COMMENTS

1. THIS REQUEST MUST BE SUBMITTED AT LEAST 10 DAYS PRIOR TO CONSUMPTION.
2. IF ANY CANCELATIONS OR MODIFICATIONS OCCUR DURING THE COORDINATION PROCESS, THE REQUESTING UNIT WILL MAKE ALL POSSIBLE ATTEMPTS TO ALERT FOOD SERVICE SEVENTY-TWO (72) HOURS PRIOR TO THE PICK-UP DATE.
3. REQUESTING UNITS ARE RESPONSIBLE FOR PAPER GEAR, EXCEPTION BEING HOT/COLD BEVERAGES.
4. ALL RIFLE RANGE REQUESTS REQUIRING SUBSISTENCE FOR FINAL DAY OF FIRING WILL BE SUPPORTED BY MEANS OF MEALSMEALS READY TO EAT (MRE'S).
5. SUPPORTING ORGANIZATION MUST BRING TO THE MESS HALL AT THE TIME OF PICK-UP ALL SUPPORTING DOCUMENTS TO INCLUDE THE REQUEST FORM AND PERSONNEL ROSTER.

BELOW THIS LINE, FOOD SERVICE USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	10.	SIGNATURE & DATE
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# INSTRUCTIONS FOR COMPLETING SPECIAL MEAL REQUEST FORM

1. FROM. Enter the DOD component office of primary responsibility, civilian agency, or JROTC establishment. *(i.e. Security battalion S-4)*
2. DATE OF REQUEST. As stated.
3. TO. As stated
4. POINT OF CONTACT. First name, last name, rank/grade, job title, and functional daytime telephone number of the supervisor of the respective agency requesting support. *(i.e. GySgt John, Doe / Operations Chief / (xxx)-xxx-xxxx)*
5. PAY TYPE. Select pay type for drop box.
  - DD form 714 (Meal Cards): Marine not receiving entitlement as subsistence in kind (SIK) *(not receiving the pro-rate meal portion of per diem).*
  - Pay Checkage *(Payroll Deduction)*: Military members receiving full bas and not on per diem orders should have collections for meals deducted from their pay account when assigned to field or sea duty. Note: coordinate with administration section (i.e. S-1) to run payroll deduction via unit diary.
  - Military Interdepartmental Purchase Request (MIPR): Funded reimbursable work estimate from DOD organization to organization. **APPROVAL IS REQUIRED VIA G-3 PRIOR TO SUBMITTING THIS REQUEST** (NAVCOMP form 2275)
  - Other *(Cash, Check, Credit)*: used for base tours, JROTC, and other civilian agencies.
6. CONSUMPTION LOCATION. Specify where aboard the military establishment will the support be consumed.
7. PERSONNEL BREAKDOWN.
  - A. Select from the drop box the classification (Branch/Officer/Enlisted/etc.), of patrons requesting support. Select correct component Active Duty (AD) or Reserve (RES)
  - B. Select form the drop box the total number of patrons receiving support for each classification if multiple classifications are listed.
8. REQUESTING FORMAT. Apply the details of the messing support is being requested.
  - A. Type of Chow:
    - Dine in: Dinning in the food service establishment.

*Continue*

-Field Chow & Remote Site Feeding: Field feeding meals shall be the same as those provided from the regular 21-day cycle menu at the mess hall where the meals are up to transportation to field site.

-Box Chow: Box Sandwich Option.

-Recreation Meal (Rec Meal): Company size events. *(i.e. Family Day)*

-Hot/Cold Beverage Support: *(i.e. Coffee, Water, Soup)*

-Fruit Support: Conditioning Hike Support. *(OCSTBS Only)*

B. Mess Hall: Annotate which Mess Hall will best support your messing requirements.

*Note: Coordinate with respective base food service representative to acquire the best logistical Mess Hall pick-up destination for messing support.*

C. Meal: As stated. *(i.e. Breakfast (B), Lunch (L), Dinner (D), Bruch (BB), Supper (DB))*

D. Dates: Note all dates messing support is being requested for each meal.

*Note: In the event meals are consecutive in nature (breakfast & lunch Jan 1-Jan 5), in the meals section write B - I, in date's section write 1 - 5 and state the month.*

E. Pick Up Time: Select from the drop box pick meal pick up times.

*Note: All meals will be picked up during respective mess halls hours of operation. (i.e. Lunch Pick up Time: 1100-1300)*

F. Portions: Note how many patrons will be supported each meal.

9. SIGNATURE & DATE. Senior Staff Non-Commissioned Officers (SNCOIC), Officer in Charge (OIC), or an agencies senior official will sign and date block nine verifying the request for messing support.

10. SIGNATURE & DATE. Senior Food Service Personnel will sign and date the document verifying the approval ordinal of the request.





## UNITED STATES MARINE CORPS

Type in Your Unit  
Unit Address

IN REPLY REFER TO:

10110

Your Code

(DATE)

From: (UNIT)  
To: Commander, Marine Corps Base Quantico  
Subj: REQUEST PAY CHECKAGE FOR PERSONNEL NOT ON MEAL CARDS FOR  
(TYPE OF TRAINING)  
Encl: (1) Personnel Roster (Personnel on Comrats)

1. The Marines and sailors listed on enclosure (1) will be on the rifle range starting (TIME & DATE BEGAN), and will end at (TIME & DATE END).

2. Upon completion of this training event, (REQUESTING UNITS) personnel office will report BAS checkage via unit diary.

3. Marines on Comrats will be checked pay for (# OF MEALS PER DAY) Boxed Meals over (# OF DAYS CONDUCTING TRAINING) days for a total of (# OF TOTAL MEALS) meal.

4. Point of contact at this command is (RANK, NAME) at (PHONE NUMBER).

(PersO SIGNATURE)

(PersO NAME)

(This letter MUST be signed by the PersO and submitted with supporting documentation to the Food Service Branch by hardcopy or scanned and sent electronically.)

**ENCLOSURE** (4)