

PACKAGED OPERATIONAL RATION (POR) REQUEST

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1. FROM: (ORGANIZATION/SECTION/UNIT)	2. DATE: (YYYYMMDD)
3. TO : FOOD SERVICE BRANCH	

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

5. CONSUMPTION LOCATION:

MRE REQUEST:

6. DATE AND TIME OF PICKUP: (MON,WED,FRI) BETWEEN 0800 – 1600	PICK UP LOCATION: FOOD SERVICE BRANCH
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7. POR:	8. PERSONNEL BREAKDOWN	THE MEAL RATE IS SET AS DIRECTED BY THE ANNUAL DoD FINANCIAL MANAGEMENT REGULATION. (DoD 7000.14-R)
EXERCISE NAME –	A. *	PLEASE VIEW CURRENT RATES LOCATED ON THE REPECTIVE BASE FOOD SERVICE WEBSITE.
LOCATION -		
INCLUSIVE DATES –		

9.	SUPPORT REQUIREMENTS			
	A. TOTAL PERSONNEL	B. TOTAL DAYS	C. TOTAL MEALS	D. TOTAL CASES
	REGULAR (MRE)			
	KOSHER (MRE)			
	HALAL (MRE)			

10.	SIGNATURE & DATE:
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ADDITIONAL COMMENTS:

1. REQUEST FORM AND PERSONNEL ROSTER WILL BE SUBMITTED FOR EACH REQUIREMENT REQUESTED. REQUESTS FOR MEALS READY TO EAT (MRE'S) SHALL BE SUBMITTED TO FOOD SERVICE TEN (10) BUSINESS DAYS PRIOR TO PICK UP. CANCELATIONS OR MODIFICATIONS REQUIRES FOOD SERVICE FORTY-EIGHT (48) HOURS NOTIFICATION PRIOR TO THE PICK-UP DATE.
2. PERSONNEL ROSTER OF PERSONS COLLECTING COMRATS WILL BE SUBMITTED TO ADMINISTRATION SECTION TO RUN PAYROLL DEDUCTION VIA UNIT DIARY. OTHER OPTIONS OF PAYMENT INCLUDE CASH OR CHECK WRITTEN TO U.S. TREASURY FOR THE FULL AMOUNT PRIOR TO ISSUE.

BELOW THIS LINE, FOOD SERVICE USE ONLY

APPROVED	DISAPPROVED	11.	SIGNATURE & DATE
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INSTRUCTIONS FOR COMPLETING PACKAGED OPERATIONAL RATION (POR) 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. State the date which the form was originated

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. CONSUMPTION LOCATION. Specify where the POR is being consumed.

6. PICK UP TIME. Select from the drop box the date Meals will be picked up.

Note: All meals will be picked up Monday, Wednesday, or Friday from 0800-1600. Selected date should be within these guidelines.

7. POR. *Additional Information*

-Exercise Name: The name of the event.

-Location: Where the POR is being transported to for consumption.

-Inclusive Date: The length of the event that support is being requested.

8. PERSONNEL BREAKDOWN.

A. Select from the drop box the classification of patrons requesting support. (Branch/Officer/Enlisted/etc.)

Continued

9. REQUESTING FORMAT. Apply the details of messing support that is being requested.

A. Total Personnel: State the total number of patrons POR support is being requested.

B. Total Days: State the total number of days POR support is being requested.

Note: Day equals one ration/ three meal periods.

C. Total Meals: Calculate the total meals by using the formula $A \times B = C$.

Note: A (Total Personnel) \times B (Total Days) = C (Total Meals)

D. Total Cases Issued: Forecast the total number of Cases by using the formula $C \times 3 / 12 = D$.

Note: C (Total Meals) \times 3 (Breakfast, Lunch, Dinner) / 12 (Number of MRE's in a Case) = D (Total Cases)

10. SIGNATURE & DATE. Officer in Charge (OIC), Senior Staff Non-Commissioned Officers (SNCOIC), or Government/Civilian senior official will sign and date verifying the support request.

11. SIGNATURE & DATE. Senior Food Service Personnel will sign and date the document verifying the issuing of POR.

Additional Information

*-Meals will **not** be transported in Personal Operated Vehicles (POV), government vehicles only.*