ABSTRACT OF ISSUES/SALES

For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

1. ACTIVITY	2. DODAAC/APC/FC	3. ACCOUNTING PERIOD

a. DATE *(YYYYMMDD)*	b. CTR NO.	c. UGR-A RATIONS	d. UGR-H&S RATIONS	e. ENHANCEMENTS	f. SUPPLEMENTS	g. MRE	h. OPERATIONAL RATIONS BOX LUNCH	i. WARM/COOL BEVERAGE	j. OTHER	k. TOTAL
TOTALS										

4. PAGE TOTAL	5. GRAND TOTAL	6. VOUCHER NUMBER	Page of