FIELD FEEDING SUMMARY

DINING HALL/EXERCISE		MEAL RATE $_____	MRE $_____	DATES		DATE
MEALS SERVED	NIGHT A	BREAKFAST B	LUNCH C	DINNER D	TOTALS E	MRE F
1. CASH						
2.						
3.						
4. TOTAL CASH MEALS						
5. SIK AND COMMON SERVICE						
6. CROSS SERVICE						
7. TOTAL SIK MEALS						
8. TOTAL						

EARNED INCOME

9. MEALS *(Column E, Line 8)*	
10. MEAL ALLOWANCE	$
11. EARNED INCOME *(Line 9 X Line 10)*	$
12. NUMBER OF MRE *(Column F, Line 8)*	
13. COST OF MRE	$
14. COST OF MRE ISSUED *(Line 12 X Line 13)*	$
15. COST OF ENHANCEMENTS *(Not to exceed 15% of the Total Cost of the MRE)*	$
16. TOTAL COST MRE & ENHANCEMENTS *(Line 14 + 15)*	$
17. TOTAL EARNED INCOME *(Line 11 + 16)*	$

REMARKS