

# Missed Meals Statement

Member: \_\_\_\_\_ Rank: \_\_\_\_\_ EDIPI: \_\_\_\_\_

Home Address: \_\_\_\_\_ HTC Location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Enlisted reserve members performing IDT at their HTC or IMA assigned location that totals at least 8 HOURS IN A CALENDER YEAR are to be provided subsistence in kind. Breakfast shall be prorated at 20 percent of the daily BAS rate; Lunch and dinner shall be prorated at 40 percent of the daily BAS rate**

Drill Dates:                      Breakfast      Lunch              Dinner

_____			
_____			
_____			
_____			
_____			
_____			

\_\_\_\_\_  
Member Signature

Date: \_\_\_\_\_

I certify that the member listed above performed at least 8 hours of duty on the listed dates.

\_\_\_\_\_  
Op Sponsor Signature & Plt Code

Date: \_\_\_\_\_