

USAR Subsistence Source Approval Form

RCS: RCLG-013(R1)

[The proponent agency is G-4.]

1. UNIT REQUESTING SUBSISTENCE SOURCE APPROVAL:

a. UNIT/ADDRESS:

UIC and DODAAC:

b. ORGANIZATIONAL COMMAND / ADDRESS:

ORGANIZATIONAL COMMAND UIC:

c. SUBSISTENCE SOURCE:

 (LP)

Local Purchase
Raw Subsistence

 (CA)

Catered Meals

 (OT)

Subsist with Other
Unit

2. UNIT NORMAL BATTLE ASSEMBLY WEEKEND:

 1st

 2nd

 3rd

 4th

3. NUMBER OF COOKS (92G/68M):

a. Authorized _____

b. Assigned _____

4. UNIT STRENGTH:

a. Authorized _____

b. Assigned _____

5. FIELD EQUIPMENT AUTHORIZED:

 YES

 NO

6. DOES FACILITY HAVE A KITCHEN?:

 YES

 NO

7. FACILITY ID NUMBER: _____

8. NUMBER OF UNITS WITHIN THE FACILITY: _____

a. Unit Name

/

UIC

b. Battle Assembly
Weekend

c. Source of
Procurement

/	/		
/	/		
/	/		
/	/		
/	/		

9. JUSTIFICATION.

Explain why subsistence support cannot be obtained from another reserve unit or a food service capable unit:

10. PRIMARY AND ALTERNATE AFMIS OPERATORS.

Effective immediately, the following individual(s) is (are) appointed the additional duty as Army Food Management Information System (AFMIS) Operator(s) to request and receive subsistence. Authority: AR 30-22. Purpose: to ensure that food service requirements are met. Period: Until officially relieved or released from appointment or assignment.

a. Primary AFMIS Operator: _____ (AKO User Name) _____ (Telephone)

b. Primary AFMIS Operator Signature: _____ Date

c. Alternate AFMIS Operator: _____ (AKO User Name) _____ (Telephone)

d. Alternate AFMIS Operator Signature: _____ Date

11. COMMANDER'S NAME AND SIGNATURE:

_____ (AKO User Name) _____ (Signature) DATE: _____

**INSTRUCTIONS for Completing USAR Form 147-R (TEST),
USAR Subsistence Source Approval Form**

Item 1.

UNIT REQUESTING SUBSISTENCE SOURCE APPROVAL

- a. UNIT/ADDRESS. Enter your unit name with complete address, to include full 9- digit zip code, and the UIC and DODAAC.
- b. Organizational Command/Address. Enter complete address to include full nine digit zip code and UIC.
- c. Subsistence Source. Enter X in the appropriate box.

* (LP) Local Purchase of Raw Subsistence - Unit receives/purchases raw subsistence from local Food Service Distributor/Supermarket. When an Army Reserve Unit has an authorization for food service personnel and food service field equipment on their authorization document (MTO&E), the unit will be reported to USARC as a Local Purchase (LP) unit.

* (CA) Catered Meals - Unit consumes meal at the vendor's commercial establishment.

* (OT) Subsist with Another Unit - Unit subsists with another unit.

Item 2.

UNIT NORMAL BATTLE ASSEMBLY WEEKEND.

Enter an X in the numbered weekend box that your unit usually drills on.

Item 3.

NUMBER OF COOKS (92G/68M).

Enter the number of food service personnel authorized per the unit's MTO&E and the number of food service personnel actually assigned.

Item 4.

UNIT STRENGTH.

Enter the number of authorized personnel per the unit's MTO&E and the number of personnel actually assigned.

Item 5.

FIELD EQUIPMENT AUTHORIZED.

Enter an X in the Yes box if your unit is authorized field equipment or enter an X in the No box if unit is not authorized field equipment per the unit's MTO&E.

Item 6.

DOES FACILITY HAVE A KITCHEN?

Enter an X in the Yes box if your Reserve Center has kitchen capabilities or enter an X in the No box if your Reserve Center does not have kitchen capabilities.

Item 7.

FACILITY ID NUMBER.

Enter your Reserve Center's facility ID number.

Item 8.

NUMBER OF UNITS WITHIN THE FACILITY.

Enter the total number of units (to include your unit) that utilize the Reserve Center, to include:

- a. Unit Name/UIC: Enter unit's name and UIC.
- b. Battle Assembly Weekend: Enter numbered weekend of the month unit usually drills. (USE DROP-DOWN MENU)
- c. Source of Procurement: Enter one of the following: Local Purchase, Catered Meals at Vendor's Location, or Subsist with Another Unit. (USE DROP-DOWN MENU)

Item 9.

JUSTIFICATION.

Briefly explain why subsistence cannot be obtained from another local Army Reserve unit or military dining in the area.

Item 10.

PRIMARY AND ALTERNATE AFMIS OPERATORS.

Enter the AKO user names of the primary and alternate AFMIS operators, telephone numbers, and signature. The Commander will appoint these personnel.

Item 11. COMMANDER'S NAME AND SIGNATURE.

Enter Commander's AKO user name, signature, and date. ***(Once digitally signed by Commander, all other fields on this form are locked.)***