

MEAL SIGNATURE RECORD (4061)
NAVSUP FORM 1291 (REV. 2-72)

DATE:

SHEET NO:

MESS LINE (1st, 2nd etc.)

CATEGORY OF PERSONNEL
 (Check applicable block)

- | | | | | |
|---------------------------------------|---|---|--|---|
| <input type="checkbox"/> NAVY REGULAR | <input type="checkbox"/> NAVY CADETS | <input type="checkbox"/> ARMY REGULAR | <input type="checkbox"/> COAST GUARD | <input type="checkbox"/> AIR FORCE NATIONAL GUARD |
| <input type="checkbox"/> NAVY RESERVE | <input type="checkbox"/> MARCORPS REGULAR | <input type="checkbox"/> ARMY RESERVE | <input type="checkbox"/> CIVILIAN APPLICANTS | <input type="checkbox"/> FOREIGN |
| <input type="checkbox"/> NAVY ROTC | <input type="checkbox"/> MARCORPS RESERVE | <input type="checkbox"/> ARMY NAT'L GUARD | <input type="checkbox"/> AIR FORCE REGULAR | <input type="checkbox"/> OTHER (Specify) |

SIGNATURE (First initial and last name)	MEAL PASS NUMBER	COMMAND/UNIT	SIGNATURE (First initial and last name)	MEAL PASS NUMBER	COMMAND/UNIT
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

S/N 0108-LF-504-6301

C-17065

Enclosure 2

Appendix C

Guidance for Claiming Reimbursable Expenses

1. Package for CNIC N94 Reimbursement (Support Services)

- a. Validate support services charges (labor, supplies, equipment, contracts) in the established cost center in SAP Software Solutions.
- b. Prepare an offline billing/invoice using the SAP document number as invoice number XXXXXX
- c. Prepare SF-1034 to be approved by the Business Office Manager (Appendix B, enclosure 5)
- d. The Regional Business Manager (N94) validates the completed Support Services package and approves the SF-1034 for payment.
- e. After approval by the business manager or authorized staff, the approved package is sent to:

YOUR Local Comptroller
Street Address
City, State ZIP

Package includes:

- (a) Invoice
 - (b) SF-1034
- f. Forward a package to the Regional CNIC N8 comptroller for the operational services (i.e. labor, supplies, equipment, contracts) that CNIC N925 is funding. The amount of these invoices shall be credited to the appropriate cost center and an accounts receivable established.

2. Package for PERS 704 Billing (ESM Meals and Cost of Goods)

- a. Prepare a and validate ESM charges in SAP
- b. Prepare an offline billing/invoice using the SAP document number as invoice number XXXXX
- c. Prepare SF-1034 Public Voucher for Purchases and Services Other Than Personnel (Appendix B, enclosure 5), to be approved by the Business Office Manager

- d. Prepare a Recapitulation of Meal Record (1292e), with the accounting technician and supervisor's signatures. (Appendix B, enclosure 3)

Note: If the REVS system is not installed, use NAVSUP Form 1292 (Appendix B, enclosure 4)
The ESM completed and approved package is sent to:

**Bureau of Naval Personnel (PERS 704)
701 South Courthouse Rd
NSF Building 12 Room 4K255
Arlington VA, 22204
Attn: Nakima Gee**

- e. Package includes:
 - (1) Invoice
 - (2) SF-1034
 - (3) Recapitulation of Meal Record
 - (4) Meal Verification Records for brunch & supper meals (Weekends & Holidays)
 - (5) Navy Reserve, Army & USCG worksheet
 - (6) Calculation worksheet
- f. PERS10 validates the completed ESM package and approves the SF-1034 for payment. After approval, the invoice and SF-1034 are then faxed (or scanned for e-mail submission) to DFAS for EFT payment.

Recapitulation of Meal Record (1292e)

For: 2012-11-08 to 2012-11-08

US Navy Food Service - GALLEY N68967

Date: Nov 16th 2012

Type of Personnel	Breakfast Meals	Lunch Meals	Dinner Meals	Brunch Meals	Supper Meals	Night Breakfast	Night Dinner	N/A	Total Meals
USN	39	38	35	0	0	0	0	0	112
USNR	0	0	0	0	0	0	0	0	0
ROTC	0	0	0	0	0	0	0	0	0
USNC	0	0	0	0	0	0	0	0	0
USMC	0	0	0	0	0	0	0	0	0
MCR	0	0	0	0	0	0	0	0	0
USA	0	0	0	0	0	0	0	0	0
USAR	0	0	0	0	0	0	0	0	0
ARNG	0	0	0	0	0	0	0	0	0
USCG	0	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0	0
USAF	0	0	0	0	0	0	0	0	0
AFNG	0	0	0	0	0	0	0	0	0
FRGN	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0
TAR	0	0	0	0	0	0	0	0	0
DOD	0	0	0	0	0	0	0	0	0
PNPTL	0	0	0	0	0	0	0	0	0
CASH	0	0	0	0	0	0	0	0	0
AFR	0	0	0	0	0	0	0	0	0
CGR	0	0	0	0	0	0	0	0	0
PAY DEDUCTION	0	0	0	0	0	0	0	0	0
NOT THROUGH LINE	0	0	0	0	0	0	0	0	0
Total RIK	39	38	35	0	0	0	0	0	112
Total RIK & Cash	39	38	35	0	0	0	0	0	112
Total Meals w/PNPTL	39	38	35	0	0	0	0	0	112
Conversion	20%	40%	40%	45%	55%	20%	40%	20%	
Ration Credit	7.80	15.20	14.00	0.00	0.00	0.00	0.00	0.00	37
Remarks:									Total Credit 37.00

STATION AUDIT BOARD

The undersigned certify the above to be, for the date specified, an accurate recapitulation of enlisted dining facility meals received for.

Signature and rank, rate or grade:

Signature and rank, rate or grade:

Signature and rank, rate or grade:

Run Date/Time: Friday November 16th, 2012 13:53:33

NAVSUP Form 1292e computations are as follow:

For Monday-Friday meals:

- 1) Number of ESMs breakfast served x 25% of the current BDFA=
- 2) Number of ESMs lunch served x 40% of the current BDFA =
- 3) Number of ESMs dinner served x 35% of the current BDFA =

For Saturday, Sunday and Holiday meals:

- 1) Number of ESMs brunch serve X 45% of the current BDFA = \$X _____
- 2) Number of ESMs supper serve X 55% of the current BDFA = \$X _____
- 3) Number of ESMs holiday brunch serve X 35% of the current BDFA = \$X _____
- 4) Number of ESMs holiday supper serve X 65% of the current BDFA = \$X _____
- 5) Total daily rations (BDFA) = \$ X _____

Note: The BDFA may change on a daily basis depending on varying supplemental allowances. The computation of meals must be calculated each day and the sum of all days allowances is captured for reimbursement.

When the ESM worksheet (B-4, Enclosure (1)), is complete, post the ESM adjustment located on the right bottom portion of the worksheet, to Accounts Receivable by crediting appropriate SAP Cost Center food revenue 301000 to cost center XXXX. The meals include ESM Feeding from 1-99 (\$X allowance) and 100-149 (\$X allowance), if any. The prime vendor allowance located on the bottom portion of the worksheet must be posted to SAP, as well as, crediting 401000, cost center XXXX.

Note: Any rations exceeding 100-149 feeding should not be included in the total. The amount must be zeroed out.

RECAPITULATION OF MEAL RECORD (4061)

NAVSUP FORM 1292 (REV. 3-75)

PERIOD OR DATE

CATEGORY OF PERSONNEL		BREAKFAST	LUNCH	DINNER	NIGHT/OTHER	
NAVY	REGULAR					
	RESERVE					
	ROTC					
	CADETS					
MARINE CORPS	REGULAR					
	RESERVE					
ARMY	REGULAR					
	RESERVE					
	NATIONAL GUARD					
COAST GUARD						
CIVILIAN APPLICANTS						
AIR FORCE	REGULAR					
	NATIONAL GUARD					
FOREIGN						
OTHER <i>(Specify)</i>						
1ST SUBTOTAL						
CASH SALES (INCLUDE CONTRACT PERSONNEL)						
2ND SUBTOTAL						
PERSONNEL NOT PASSING THROUGH SERVING LINE						
GRAND TOTAL						
CONVERSION FACTOR		20%	30%	40%	% APPLICABLE	
RATION CREDIT						
REMARKS					TOTAL CREDIT	

STATION AUDIT BOARD

The undersigned certify the above to be, for the period specified, an accurate recapitulation of enlisted dining facility meals received for.

SIGNATURE AND RANK, RATE, OR GRADE

SIGNATURE AND RANK, RATE, OR GRADE

SIGNATURE AND RANK, RATE, OR GRADE

S/N 0108-LF-501-2920

Enclosure 4

Standard Form 1034 Revised October 1997 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NUMBER		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION				DATE VOUCHER PREPARED		SCHEDULE NUMBER		
				CONTRACT NUMBER AND DATE		PAID BY		
				REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS						DATE INVOICE RECEIVED		
						DISCOUNT TERMS		
						PAYEE'S ACCOUNT NUMBER		
						GOVERNMENT BIL NUMBER		
SHIPPED FROM		TO		WEIGHT				
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT		
				COST	PER	(1)		
(Use continuation sheet(s) if necessary)						TOTAL		
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$		EXCHANGE RATE = \$1.00		DIFFERENCES		
		BY 2						
		TITLE		Amount verified; correct for payment <i>(Signature or initials)</i>				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.								
(Date)		(Authorized Certifying Officer) 2				(Title)		
ACCOUNTING CLASSIFICATION								
P A I D B Y	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)	
	CASH		DATE		PAYEE 3			
						PER		
						TITLE		

Previous edition usable

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Enclosure 5