COMMUTED RATIONS ACTION (10110)
NAVMC 10522 (Rev. 1-88) (EF)
FOUO - Privacy Sensitive when filled in.

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (5 U.S.C. 552a/Public Law 93-579), this Notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5041, Headquarters, Marine Corps, 10 U.S.C. 5013, 37 U.S.C. 5201, and E.O. 9397

PRINCIPAL PURPOSE: Information collected by this form will be used to maintain military appearance data. The collection and maintenance of this information is authorized and governed by Privacy Act System of Records Notice MFD0003 MARINE CORPS TOTAL FORCE SYSTEM (MCTFS), posted at *http://www.defenselink.mil/privacy/notices/usmc/MFD0003.html.*

RETENTION: The collected information will be maintained in the MCTFS database with restricted, limited access permissions and PKI/password protections in place. Records in this file system will only be retrieved by the record subject's name and social security number. Records will be maintained for five years and will then be destroyed pursuant to provisions set forth in SECNAV M-5210.1; Subj: DON RECORDS MANAGEMENT PROGRAM.

ROUTINE USES: The only routine uses that apply are those published in Privacy Act System of Records Notice MFD00003 and the blanket routine uses published by the Department of Defense Privacy Office and posted at *http://www.defenselink.mil/privacy/notices/blanket-uses.html..*

DISCLOSURE: Providing information on this form is mandatory.

Next Page

Print Form

COMMUTED RATIONS ACTION (10110)

NAVMC 10522 (Rev. 1-88) (EF)

DATE _____

SECTION I - APPLICATION OF MEMBER

FROM:

Grade	Name	Social Security No.	Branch of Service, Organization

TO: COMMANDING OFFICER, _____

1. It is requested that I be authorized to subsist separately and receive a commuted ration allowance instead of being subsisted in the dining facility.
2. The reason for this request is:

☐ I am married and reside with my family at _____

☐ I am married but reside with my (Relationship) _____ at _____

☐ Other _____

3. I understand that I AM REQUIRED TO PAY for all meals eaten in a dining facility while in receipt of commuted ration and that I AM NOT ENTITLED TO THE ALLOWANCE until the hour and date of approval stated in section 11.

4. I CERTIFY that I will immediately notify my commanding officer of any change in conditions stated in paragraph 2 above.

SIGNATURE: _____

SECTION II - APPROVAL OR DISAPPROVAL

DATE _____

FROM: COMMANDING OFFICER, _____

TO: _____

1. ☐ Approved effective _____
(Hour and date)

☐ Disapproved for following reason: _____

2. Should you be discharged while this authorization is in effect, such authorization remains in full force and effect, provided you reenlist at the same station within 24 hours of such discharge.

SIGNATURE: _____ BY DIRECTION

SECTION III - TERMINATION OF AUTHORITY TO RECEIVE COMMUTED RATIONS

DATE _____

FROM: COMMANDING _____

To: _____

1. The authorization previously granted to you te receive commuted rations is hereby terminated to take effect for the following reason: _____
(Hour and date)

SIGNATURE: _____ BY DIRECTION

DISTRIBUTION: Original to Member
Copy to Service Record Book
Copy to Unit submitting Unit _____

Adobe Designer 8.0

Reset Form