



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

MEAL LOG

_____ FACILITY or UNIT

Date _____

Meal: B L D

SIGNATURE	UNIT/AGENCY	GRATUITOUS	*OFF PREMISES	PURCHASED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

*Off Premises - indicate in the column the person authorizing meal.