



UNITED STATES MARINE CORPS
 2D MARINE DIVISION
 PSC BOX 20003
 CAMP LEJEUNE NC 28542-0003

IN REPLY REFER TO:
 5512

Co or Btry Office

Date: DD/MM/YY

From: _____ / USMC
Rank First Name MI Last Name SSN MOS
 To: Commanding Officer, _____
Company or Battery Battalion or Regiment

Subj: LOST OR STOLEN MEAL CARD (DD FORM 714)

Ref: (a), MCO 10110.47

- I certify that my Meal Card, number _____, was lost or stolen. The statement on the reverse side is information concerning the loss or theft of my meal card.
- I understand that I am required to return my previous meal card to the Division Personnel Administration Center in the event that it is recovered.

 Signature of Marine

 Co or Btry Office

 Date: DD/MM/YY

FIRST ENDORSEMENT

From: Commanding Officer, _____
Company or Battery Battalion or Regiment
 To: Officer in Charge, Division Personnel Administration Center
 Subj: LOST OR STOLEN MEAL CARD (DD FORM 714)

- This Marine has been counseled concerning the loss of his or her meal card.

 Commanding Officer or First Sergeant

Copy to:
 Area Mess Hall