SUBSISTENCE-IN-KIND (SIK) INVALID ENTITLEMENTS LOG

(See reverse for Privacy Act and form's completion instructions)

DATE

SOCIAL SECURITY NUMBER A	NAME *(Last, First, MI)* *(Please Print)* B	GRADE C	SIGNATURE D	ORGANIZATION E	DUTY PHONE F	MEAL G	REMARKS *(For Staff Use)* H

I. *My signature certifies I have taken the action annotated in column H, above.*

SIGNATURE OF CERTIFYING OFFICIAL

AF Form 1469, AUG 89