



UNITED STATES MARINE CORPS
11TH MARINES
BOX 555503
CAMP PENDLETON, CA 92055-5503

10110
CO

FEB 24 2021

REGIMENTAL POLICY LETTER 4-21

From: Commanding Officer
To: Distribution List A

Subj: AUTHORIZATION OF COMMUTED RATIONS

Ref: (a) MCO 10110.47a
(b) SECNAVINST 5212.5

Encl: (1) Work sections auth COMRATS
(2) NAVMC 10522

1. This policy is established to streamline and regulate the eligibility for requesting Commuted Rations (COMRATS).

2. Background. Per the reference, personnel assigned to unusual job duties, unusual job locations, or irregular work hours that normally do not allow them to subsist in the dining facility for more than 30 consecutive days are authorized COMRATS.

3. Standard Procedures. Eligible work sections and collateral duties that meet the requirements are listed in enclosure (1). Requests for COMRATS will be initiated by the individual Marine and be approved by the Battery Commander. All personnel who request COMRATS will utilize the proper form, per enclosure (2).

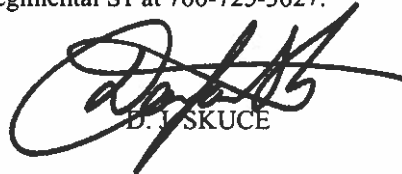
a. Approval. The 11th Marines Commanding Officer has delegated approval authority to: the Headquarters Battery Commander.

b. Reporting. Upon approval by the above authorities, the original copy will be given to the individual Marine and a copy will be submitted to the S1. The S1 will submit an Electronic Personnel Administrative Request (EPAR) to Installation Personnel Administration Center (IPAC) for appropriate unit diary entries referencing the approval. The start date will be the date assignment commenced and stop date will be the date the individual Marine departed from that assignment.

c. Records. Upon proper reporting from IPAC, S1 will review proper entitlement and record diary number and date of reporting. S1 will maintain records in the unit correspondence files of all COMRATS per reference (b).

d. Termination. It is the individual Marines' responsibility to terminate their COMRATS allowance upon transferring to a different assignment. Marines must inform their parent section or command of the termination and report to IPAC for proper reporting.

4. The point of contact for this policy is the Regimental S1 at 760-725-3627.


D. J. SKUCE

Work Sections and Collateral Duties Authorized COMRATs

| <u>Plt Code</u> | <u>Work Sect</u> | <u>Description</u> |
|-----------------|------------------|----------------------------|
| HQTR | 43AG | 43 Area Guard |
| HOPS | HMTU | Marksmanship Training Unit |
| HQTR | ARM | Armory |
| HLOG | CHOW | Chow Hall |

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 to 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