

CENTRAL KITCHEN MEAL ORDERS

Please send to the Food Services Manager by the 15th of each month for the following month.

(Example: by October 15 for the month of November)

(Check Appropriate Box)

Month: _____ Site/Room: _____								
	Breakfast		Lunch		Snack		Supper	
	Children	Adults	Children	Adults	Children	Adults	Children	Adults
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals								

SPECIAL DIET (SPECIFY): MF = Milk Eree V = Vegetarian O = Other

DATE DUE: _____

DATE RECEIVED: _____

REQUEST FOR CHANGE: _____

PER: _____

STATUS OF REQUEST: _____

STATUS REPORTED TO: _____

ON: _____ BY: _____

WHITE : Central Kitchen
YELLOW : Regional Office

(R:8/01-C:7/98) <Full Day> NCR 2
1 per month per full-day site (7 sites)