

REQUEST FOR FOOD SERVICES SUPPORT

Unit Name _____ UIC _____

Training Authority _____

Location of Training _____ No. of participants _____

Contact Person: Name _____

Address _____ Phone _____

_____ FAX _____

I request the following food services support:

Start rations _____ on _____ 19 ____
(Breakfast/Lunch/Supper)

End rations _____ on _____ 19 ____
(Breakfast/Lunch/Supper)

Proposed time and date of ration pickup _____

Method of feeding:

- _____ Hot meals in CF kitchen
- _____ Hot meals for pickup from CF kitchen
- _____ Box lunches for pickup form CF kitchen
- _____ Combat rations (IMP - attach completed CF 2302)
- _____ Unit must already have allocation before demanding combat rations
- _____ Meals in transit
- _____ Bulk Fresh Rations (pickup from support base; attach completed Cdt #12013 and Cdt #120C
- _____ Bulk Fresh Rations (local area pickup for remote units; attach completed Cdt #12013 and Cdt #120C and provide the following information:

These local area food stores can provide fresh rations:

Store 1

Store 2

Store Name _____

Mgr Name _____

Phone _____

Store Address _____
