



FAX INVENTORY & DELIVERY REQUEST

To: EFP
 FAX: 206/860-8200
 Phone: 206/329-3000

Date of Request: _____
 From: _____
 Address: _____

 FAX: _____
 Phone: _____
 Site# _____

Date order needed*: _____
 Days & hours of operation: _____
 Best time to deliver: _____

*In order to insure adequate time and schedule planning, please FAX this sheet to the Emergency Feeding Program **at least ONE WEEK prior to anticipated need.**

Bag Type	SM	MED	LG (M & +P)	ASN	LAT	BAP	FBAP	L/S	Diab	Ther- Pak	Snack	Baby A	Baby B	VEG	East Africa
Current Inventory															
* Requested Delivery															

Margarine: Case Half-Case

Additional requests, comments, concerns, etc.:

Received by: _____
 Date: _____
 Delivered by: _____