

# EMERGENCY FEEDING PROGRAM

SEATTLE



KING COUNTY

SINCE 1977

## FAX

# Inventory & Delivery Request Form

To: EFP

Date of request: \_\_\_\_\_

FAX: 206/860-8200

From: \_\_\_\_\_

Phone: 206/329-0300

\_\_\_\_\_

\_\_\_\_\_

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	ASN	LAT	BAP	Fam-BAP	L/S	Diab	Ther-Pak	TEEN	Baby A	Baby B	VEG
Current Inventory														
* Requested Delivery														

Margarine:  Case  Half-Case

Additional requests, comments, concerns, etc.:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Delivered by: \_\_\_\_\_