



FLIGHT MEAL ORDER REQUEST FORM

KADENA AIR BASE, OKINAWA, JAPAN

IMPORTANT: Meal Options have a **minimum of 5 orders** for every **10 meal requests**. Ex: You place a request of 20 meals; you have opted for #01: 5 Ham & Turkey Sub - #02: 5 Turkey & Cheese Sub - #06: 10 Breaded Chicken Burger, meeting the minimum meal order requirement based on the total number of meals you have requested.

THIS SECTION IS TO BE COMPLETED BY THE CUSTOMER.

UNIT: _____	POC: _____	PHONE DSN/CELL: _____
# OF MEALS: _____	<input type="checkbox"/> CASH/CARD <input type="checkbox"/> ESM <input type="checkbox"/> LOA	PICK-UP DATE/TIME: _____

NOTE 1: Place orders at least 72 hours in advance for orders requiring 50 or more meals.

NOTE 2: Meal components are subject to change based on availability.

NOTE 3: Email this request to 718FSS.FSVF.FlightKitchen@us.af.mil and call 634-4494 (or standby number +81-80-6487-6619) to ensure your meal request has been received.

BREAKFAST/LUNCH/DINNER MEAL OPTIONS

#01 _____ Ham & Cheese Sub	#02 _____ Turkey & Cheese Sub
#03 _____ Uncrustables Sandwiches (2 Each)	

SUPPLEMENT OPTIONS

SUPP #01 _____	Soda 20 oz/Chips 1.5 oz, /Nutri-grain Bar/Apple or Orange

PAYMENT METHODS

LINE OF ACCOUNTING	LOA: _____ ORGANIZATION: _____
CASH (LUMP SUM)	TOTAL MEALS: _____ TOTAL SUPPLEMENTS: _____
CASH (INDIVIDUAL)	ENTER CUSTOMER INFORMATION IN THE TABLE ON THE NEXT PAGE
ESM	ENTER CUSTOMER INFORMATION IN THE TABLE ON THE NEXT PAGE

THIS SECTION IS TO BE COMPLETED BY FOOD SERVICE STAFF ONLY.

REQUEST CONFIRMATION

VERIFIED: _____	PREPARED: _____	CHECKED OUT: _____
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