AIR FORCE FOOD & BEVERAGE

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: _____	☐ CASH/CARD ☐ ESM ☐ 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 634-1900 (or standby number) to ensure your meal request has been received.
NOTE 4: For *ESM* Customers the Price of a Flight Meal is **$8.75.** For *BAS* Customers it is **$11.85**

BREAKFAST/LUNCH/DINNER MEAL OPTIONS	
#01 _____ Breakfast Cereal	**#05** _____ Buffalo Chicken Wrap (order 72 hrs in advance)
#02 _____ Ham & Turkey Sub	**#06** _____ Turkey & Cheese Sub
#03 _____ Uncrustables Sandwiches (2ea)	**#07** _____ Ham & Cheese Sub
#04 _____ Chef Salad	

SUPPLEMENT OPTIONS	
SUPP #01 _____	Soda 20 oz/Chips1.5 oz, /Nutri-grain Bar/Apple or Orange
SUPP #02 _____	Gatorade 20 oz/Carrot/Celery Sticks/Ranch Dressing/Apple or Orange/Nutri-Grain Bar
SUPP #03 _____	Orange Juice 10 oz/Apple or Orange/Boiled Eggs (2)/Nutri-Grain Bar

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:***

CAO 06 DECEMBER 2025

CASH PAYING AND ESM CUSTOMERS INFORMATION BELOW:

GRADE/LAST, FIRST NAME	DOD ID	MEAL #	SUPP #	CASH/ESM
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