McChord AFB
FORCE SUPPORT

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Rainier Flight Kitchen Order Form

UNITED STATES AIR FORCE FOOD SERVICE

Please note: All information must be complete for order to be processed

POC (LAST NAME, RANK): _____

SQUADRON #: _____ SIGNATURE: _____

PHONE #: _____

ORDER RECEIVED BY: _____ DATE: _____

CONTACT:
DSN Phone: 382-2828
DSN Fax: 382-5076
Phone: 253-982-2828
Fax: 253-982-5076

* NOTE : NOT ALL MEALS INCLUDE SODA* IF DRINK SUPPLEMENT IS SODA, PLEASE INDICATE IF YOU WANT DIET

Last Name, First, Rank	Meal #	Supplement Box	Diet Soda	Cost	ESM Meal Card Last 4 of SSN
Example: Doe, John SSgt	5	A	✓	$2.30/ $4.25	1111

Flight Kitchen Use Only

Pick Up Time: _____

Picked Up By: _____ Time: _____

Verified By: _____ Time: _____

Small Meals: #_____ x $_____ = _____
Large Meals: #_____ x $_____ = _____
# of ESM Meals: (L) _____ (S) _____

Total Meal Cost: $ _____

Time Faxed: _____
Faxed By: _____