

PRODUCT ORDER FORM

Site Name: _____

Date: _____

Estimated Attendance _____

Estimated Servings Needed _____

Item	Serving	Quantity	
Bob Evan's Sausage	Box of 280 links (93 servings of 3 links ea)		
Pancake Mix	5 lb Bag (42 servings of 3 - 6" pancakes)		
Syrup	Gallon (serves 80)		
Orange Juice	Gallon (28 - 4.5 oz Serving in a 6 oz Cup)		
Margarine Cups	Individual		
Coffee	Bag (serves 24 Cups)		
Decaf Coffee	Bag (serves 24 Cups)		
Sugar	Individual Packets		
Sweet 'N Low	Individual Packets		
Coffee Stirrers	Bundle of 50		
Plastic Knives/Forks	Individual Packets		
Napkins	Bundle of 250		
8 oz. Cups	Individual		
6 oz. Cups	Individual		
Plates	Individual		
Trash bags	Individual		
Food Gloves	Individual		
To Go Containers	Individual		

NOTE:

- A) In filling out the Product Order Form, the most important item is to provide your best estimate of the total number of Servings needed.
- B) Also, identify what product(s) you do not need. For example, if your organization has plates, silverware etc that you will use instead of Day of Caring provided – please identify that item(s) with a (0 or NONE).
- C) Identify what ADDITION product you may need separately For Example, I need 2 boxes of sausage for Day of Caring, and 2 additional boxes for another event. You will be responsible for the cost of the additional item(s).
- D) Be very careful in ordering we do not take back unused food and you will be held responsible for the cost of excess food.

Site Representative Signature

Site (Please PRINT)

Day of Caring Representative