SCHOOL PANTRY PROGRAM

Regional Food Bank
OF NORTHEASTERN NEW YORK

ORDER FORM

_____

School Pantry Program Name

_____ _____ _____

Name of Person Submitting Order **Email Address** **Daytime Phone**

_____

Pick-Up Location **Pick-Up Date** **Pick-Up Time**

Average number of *individual* (non-duplicated) students served per month: _____

Number of times an average student utilizes the pantry per month: _____

Product Number	Item Name	Number of Cases
1116BP	Milk Cards ($2.77/card) (1 card=1 case)	
1102BP	Egg Cards ($2.78/card) (1 card= 1 case)	
1	Bread (free) (1 loaf=1 case)	
3100	Produce (free) (1 case =40 lbs.)	

- Access Food Bank inventory online at www.regionalfoodbank.net
- Submit completed order form no later than 3 business days before pickup/delivery. Send to **allyl@regionalfoodbank.net**, **sarac@regionalfoodbank.net** and **tmartin@foodbankofhudsonvalley.org**.