



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 (\$2.39/card) (1 card=1 case)	
1102BP	Egg Cards (\$1.51/card) (1 card= 1 case)	
1	Bread (free) (1 loaf=1 case)	
3100	Produce (free) (# of pounds= # cases)	

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