



FLIGHT MEAL ORDER FORM

Privacy Act Statement

Authority: 5 U.S.C. 8034 EO 9397

PRINCIPAL PURPOSE: To document and identify personnel that obtains meals from appropriated fund dining facilities. DOD-ID # is used to verify entitlements and for positive identification.

ROUTINE USES: None

DISCLOSURE: Disclosure is voluntary; however, failure to provide the information may result in denial of meal service.

Date: _____

Squadron: _____ POC: _____ Phone: _____

Aircraft Type: _____ Aircraft Tail #: _____ Requested Pick Up Time: _____

(DFAC USE ONLY) Pick Up POC/Contact #: _____ Pick Up time: _____

Rank/Name (Last, First)	DOD ID #	Menu Item #	Supplement #	Cash \$6.00	ESM	Total Cost

PRINTED NAME/RANK

SIGNATURE

When ordering **30 or more meals** please allow at least a **7 days** notice.

Anything **less than 30** will be a **72 hour** notice.

Only time we will adjust pickup times will be last minute deployments/emergencies

After filling out the order form please e-mail to Eduardo Hernandez at
Eduardo.Hernandez@sodexo.com

For any further questions please call 702-652-0012 or 702-652-1874

