SAMURAI CAFÉ DINING FACILITY, YOKOTA AIR BASE
FLIGHT SUPPORT MEAL REQUEST FORM

DATE SUBMITTED:_____

NAME/RANK:_____

ORG:_____   PICK-UP TIME/DATE:_____

NUMBER OF PAX/CREW:_____

AIRCRAFT TYPE: _____

DSN:_____

CONFIRMED (By Flight Kitchen) :_____

AIRCRAFT TAIL No.:_____

DEPARTURE:_____

- Please e-mail requests to 374fss.fsvf@us.af.mil and call 225-8870 to ensure we have RECEIVED all orders
- All meal orders must be placed at least **2 HOURS** prior to **"MEAL PICK-UP TIME"**
- Each meal includes choice of ONE supplement per meal from the **"SUPPLEMENTS"** list
- Meal components are subject to change, depending on availability of ingredients
- Flight meals should be consumed within 4 hours of pick-up
- The heart symbol (♥) represents a "Healthy Option"
- NIS: is Not In Stock (temporary due to global shipping constraints)
- All meals cost $6

MEALS:

#01:_____ Ham & Turkey Sub

#02:_____ Turkey & Cheese Sub

#03:_____ Turkey & Bacon Croissant

#04:_____ Ham & Cheese Sub

#05:_____ Buffalo Chicken Wrap

#06:_____ Breaded Chicken Burger

#07:_____ (2ea) "Uncrustables" Sandwich ♥

#08:_____ (4ea) Breaded Chicken Strips

#09:_____ Chef Salad (w/Ranch or Italian)

#10: **NIS** Chipotle Chicken Sandwich ♥

#11:_____ Breakfast Cereal

#12:_____ Ham and Cheese Croissant

SUPPLEMENTS:

#01:_____ Soda | Chips | Nutri-grain Bar | Apple

#02:_____ Gatorade | Carrot & Celery Sticks | Nutri-Grain Bar | Apple

#03:_____ Water | Chips | Granola Bar | Apple

#04:_____ Juice | 2 Boiled Eggs | Nutri-Grain Bar | Apple

INTERNAL USE ONLY	
____ *Chips*	____ *Soda*
____ *Multigrain Bar*	____ *Water*
____ *Granola Bar*	____ *Gatorade*
____ *Boiled Egg*	____ *Juice*
____ *Veggie Sticks*	____ *Fruit*

TOTAL MEALS:

 TOTAL SUPPLEMENTS:

TOTAL COST: $_____

TWCF SNACKS:_____ *(amount),*

TWCF BEVERAGE:_____ *(amount),*

INTERNAL USE ONLY
_____ *(type)*
_____ *(type)*

MEALS PREPARED & VERIFIED BY: _____ *(print)*, _____ *(sign)*

PICKED UP & VERIFIED BY: _____ *(print)*, _____ *(sign)*

FLEET REPRESENTATIVE: _____ *(print)*, _____ *(sign)*

AIRCREW REPRESENTATIVE: _____ *(print)*, _____ *(sign)*

NETCHEF SUBMITTED: _____ *(print)*, _____ *(sign)*, _____ *(date)*

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	RANK/LAST NAME, FIRST NAME	DoD ID (YOKOTA ESM ONLY)	MEAL NUMBER	SUPPLEMENT NUMBER	CASH
01.					
02.					
03.					
04.					
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