



REQUEST FOR FREE SUPPLY/FOOD COST ANALYSIS
FoodSource Plus



1. Name of organization _____
 Address: STREET _____
 CITY _____ STATE _____ ZIP CODE _____
2. Phone Number () _____ Fax Number () _____ E-mail _____
3. Contact Person: NAME _____ TITLE _____
4. How did you hear about FoodSource Plus? _____
5. Number of years organization has been in operation: _____
6. Type of service organization provides: _____
8. How do you presently purchase food and supplies?
 - a) Local grocery stores
 - b) Warehouse stores (Costco, Smart & Final, etc.)
 - c) Food/supply Distributor
 - d) Other _____
9. How much money do you spend on food per week? _____
10. How many meals do you serve per week? _____
11. Does your organization have unique needs/considerations we should keep in mind while conducting a cost analysis?

We look forward to contacting you to provide a free food & supply cost analysis. We are confident we will be able to save your organization 10-35% on your purchasing costs!

***For expedited service, please fax this form along with your camp's 2 most recent food invoices/receipts.**

**Fax to:
Stephanie Bonenfant
FoodSource Plus
FAX: 1-508-336-6695**