Child & Adult Care Food Program
Materials Requisition Form

Center/Institution Name: ________________________________
Shipping Address: ___________________________________
Phone (xxx)xxx-xxxx: ________________
Form Completed By: ________________________________
Date Form Emailed, Mailed or Faxed: ________________
If you are a Sponsoring Organization, how many Centers will you be distributing to?

Instructions
1. Complete the Center/Sponsoring Institution information at the top of this order form. Please type or print legibly with black ink.
2. Enter the quantity being ordered below.
3. Submit your order by:
   • Email: Jeremy.Henderson@dhhs.nc.gov OR
   • Fax: 919.870.4819 OR
   • Mail: CACFP/Nutrition Services Branch
     1914 Mail Service Center, Raleigh, NC 27699-1914
4. Retain one copy of completed form until order is received.

Please limit orders to twice a year
per sponsoring organization or independent center.

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<th>Outreach</th>
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<tbody>
<tr>
<td>Quantity</td>
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DHHS 0020 (July 2015) Nutrition Services Branch/CACFP This requisition form is available at http://www.nutritionnc.com/snp/resource.htm