

DATE REC'D _____

ACES LOG-IN # _____

UGR-A NEW ITEM INTRODUCTION FORM

(NOTE: PAGES 1 AND 2 MUST BE COMPLETED)

MENU INFORMATION: MENU # _____ (TABLE I REQUIRED IF SUBMITTING ENTIRE NEW MENU)

ITEM BEING REPLACED: _____

VENDOR INFORMATION:

UGR-A CONTRACTOR _____ CONTRACT # _____

MANUFACTURE'S NAME/ADDRESS: _____

USDA EST # (If Applicable): _____

VETCOM Approved Source dated _____, page # _____.

IS A DSCP NSN/LSN ASSIGNED TO THIS ITEM? If so, please provide. _____

PRODUCT INFORMATION:

DESCRIPTION (Brief description of the product): _____

BRAND NAME OF PRODUCT: _____

CHECK ONE: _____ SEMI-PERISHABLE _____ FROZEN

CIRCLE ONE: BATTERED CUT BREADED CHOPPED MARINATED DICED SEASONED SHREDDED SLICED

VARIETY/COLOR/FLAVOR: _____

FOR MEAT ITEMS:

NAMP/IMPS# _____ WEIGHT RANGE _____ PRODUCT GRADE _____

HOW PACKAGED: _____ BULK _____ INDIVIDUALLY WRAPPED PORTIONS

CONTAINER MATERIAL: _____ CONTAINER SIZE: _____ U/I : _____

ITEM WEIGHT: _____ COUNT PER POUND: _____ PORTION SIZE: _____

UNITS PER CASE: _____ PERISHABLE PRODUCT CASE DIMENSIONS: _____

NOTE: Perishable cases may require breaking and re-packing in finished UGR-A ration module. If so, the primary container and components must be fully labeled.

OTHER INFORMATION APPLICABLE TO PRODUCT/ SPECIAL REQUIREMENTS: _____

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PAGE 2 OF 2

PRODUCT INFORMATION (CONT'D):

SHELF LIFE: _____

INGREDIENT STATEMENT: _____

PREPARATION INSTRUCTIONS: _____

NUTRITIONAL INFORMATION: _____

UNIT PRICE \$ _____ CASE PRICE _____ COST TO MODULE \$ _____

BENEFIT ANALYSIS (e.g. reduced cost to module/ improved quality/ menu improvement) Please explain:

POINT OF CONTACT:

SR. QUALITY ASSURANCE SPECIALIST
TELEPHONE: 215-737-7802
FAX: 215-737-2988

NATICK:

The following must be completed when should you be required to furnish samples to NATICK for evaluation:

ITEM LOT CODE # _____ OF SAMPLES PROVIDED FOR EVALUATION