

NATIONAL ALLOWANCE (NAPA) LOCAL STOCK NUMBER REQUEST FORM

PLEASE PROVIDE THE FOLLOWING APPLICABLE INFORMATION AND ANY OTHER PERTINENT PRODUCT INFORMATION FOR THE FOOD ITEM(S) REQUESTED:

MANUFACTURER NAME: _____

BRAND NAME OF PRODUCT: _____

MANUFACTURER SKU #: _____ **COUNTRY OF ORIGIN:** _____

CHECK ONE:

FRESH FROZEN REFRIGERATED SHELF STABLE CANNED OTHER: _____

DESCRIPTION (Brief description of product): _____

VARIETY/COLOR/FLAVOR: _____

FOR MEATS : NAMP/IMPS #_ WEIGHT RANGE OR MAXIMUM _____

GRADE OF PRODUCT: _____

PROCESSING:

RAW PRECOOKED OTHER _____

BATTERED BREADED MARINATED SEASONED

CUT CHOPPED DICED SHREDDED SLICED GROUND

PACK:

BULK INDIVIDUALLY WRAPPED PORTIONS

ITEM WEIGHT: _____ COUNT PER POUND: _____

PORTION SIZE: _____

UNITS PER CASE: _____

PACKAGING:

CAN/CONTAINER SIZE : _____

CONTAINER MATERIAL:(GLASS/PLASTIC/METAL): _____

PRIME VENDOR'S NAME: _____ -

CUSTOMER/INSTALLATION NAME: _____ -

NAPA ALLOWANCE: _____