21 FSS/ Aragon Dining Facility

Flight/Ground Meal Order Form

(Price LRG-$4.25 + 1.35 surcharge = $5.60)

Privacy Act Statement
Authority: 5 U.S.C. 8013 and 8034 EO 9397
PRINCIPAL PURPOSE: To document and identify personnel that obtains meals from appropriated fund dining facilities.
DISCLOSURE: Disclosure is voluntary; however, failure to provide the information may result in denial of meal service.

POC Last/First Name: Unit:

POC Work/Cell Phone: POC Email:

Date Ordered: Total # of Meals Ordered: Date Needed:

Pick Up Date/Time: Reason for Flt Meals (i.e. Training/Ex):

BAS or ESM Customer: If BAS, total cash needed (if on orders need a copy for discounted rate):

*****For BAS/Cash print name, rank on AF 79. ESM will provide full DODID number for each meal*****

LRG Meal #1 Ham and Turkey Sub Turkey and ham, with a slice of American and Swiss cheese with lettuce and tomato on a wheat hoagie.	LRG Meal #8 Peanut butter and Jelly Sand. 2 Uncrustable Smuckers' sandwiches.
LRG Meal #2 Turkey and Cheese Sub Turkey and American cheese with lettuce, tomato, and onion on a wheat hoagie.	**BRFST** #4 Sausage Breakfast Sandwich Sausage and egg with cheese on biscuit.
LRG Meal #6 Chicken Breast & Cheese Sand. 2 Boneless, skinless chicken breast and Swiss cheese Sandwiches with lettuce, tomato, and onion on a wheat hamburger bun.	**BKFST** #7 Cheese Breakfast Sandwich Egg with cheese sandwich on biscuit.

Meal/Supp. Type	1	3	5
LRG Meal #1			
LRG Meal #2			
LRG Meal #5			
LRG Meal #8			
BKFST Meal #4			
BKFST Meal #7			
TOTAL MEALS			

Supplement #1 - Bottled Water/ Canned Soda/ M-Grain Bar/ Ind. Chips/ Ind. Cookie/ Fresh Apple.

Supplement #3 - Bottled Water/ Gatorade/ Muffin/ Ind. Cookie/ Ind. Chips/ Fresh Apple.

Supplement #5 - Bottled Water/ Ind. Juice/ Ind. Yogurt/ M-Grain Bar/ Fresh Apple.

PRINT & SIGN Name Person Picking up Meals: _____ Date: _____
Telephone Number:

*****For BAS/Cash print name, rank on AF 79. ESM will provide full DODID number for each meal*****

PRINT & SIGN Name of Person Surrendering Meals: _____ Date: _____
Telephone Number:_____

NOTE: Aragon DFAC Contact # 719-556-4723/4180 or email: 21fss.aragon.dining@us.af.mil
MINIMUM 48 HOURS NOTICE for 50 or more Flight Meals