MARKET FRESH ITEM REQUEST FORM

Note: not all fields will apply. Please fill out as much information as applicable.

Contract #

CONUS OR OCONUS:

Item name and description:

Vendor Unit of Measure (how the vendor sells/prices the item, cs, bx, pg, lb, etc.):

Case weight: Count per cs:

Individual package type? (Bag in bx, can, jar, pg, etc.):

Individual Package weight: Count per pg:

Form (liquid, powder, etc.):

Processing (raw, sliced, fully cooked, Par boiled, breaded, fillet (skin on/off), ground, etc.):

Does this item require refrigeration?

Fresh/frozen/chilled/shelf stable?

Fat content (regular, reduced fat, low fat, non-fat)? If other than regular, please provide the fat %:

Product Grade (if known): NAMP # (if known):

Juice or Drink? Percent (%) of fruit juice_____

Is this item concentrated? If yes what is the yield ratio? ____

For beverage dispenser?

Sweetness (check one)

- Sweetened/sugar added. _____
- Regular/no-additional sugar added.____
- Sugar free using artificial sweetener. _ If checked what type? Aspartame, Saccharin, Stevia, etc.:

Additional product features, (lactose free, Just add water, add milk, no bake, etc.)

Note: descriptions such as “light” have multiple values. If light is used in the product description, what does it imply? Low sodium, low calorie, color, etc.?

Please attach any supporting documents you may have to aid in cataloging (nutrition specifications, labels, etc.)

Thank you from the Market Fresh Team!