

Kitchen Equipment Form

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| General Information |

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| **Organization Name**: |  Click to enter text |
| **Agency Code (GVFB completes):** | Click to enter text |
| Contact Name: | Click to enter text | Phone Number: | Click to enter text |
| **Method of distribution** | Click to enter text | Date:  | Click to enter text |

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| Equipment Provided |
|  **GVFB Completes** |  | **Item Description** | **Quantity Quantity** |
|  | KE Code |  | Click to enter text |  | Click to enter text |
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|  | ***PLEASE NOTE:*** *There is a maximum of* ***30 items total*** *per order***Total** |  |  |