

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** |
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|  | ***PLEASE NOTE:*** *There is a maximum of* ***30 items total*** *per order*  **Total** | | | | |  | |  |