

PROVINCIAL FOOD SHARE REQUEST FORM 2016

Receiver Information

Date:	
Food Bank Name:	
Physical Address:	
Mailing Address:	
Contact:	
Phone:	
Email:	
Other Contact info:	

Shipping Information

Method:	PICK UP or SHIP (please circle one)
Carrier Name & Phone #:	
Preferred ship/receive date:	
Quantity (# of pallets)	
Special Instructions	

Warehouse address: 1103 3rd Avenue N., Lethbridge, AB T1H 0H7

Other notes:

<i>Food Banks Alberta use only</i>		
<i>Shipped/Pickup date:</i>		
<i>Weight is in: KG LBS (circle one)</i>		
<i>NFSS</i>	<i># Pallets:</i>	<i>Weight:</i>
<i>Prov. Share</i>	<i># Pallets:</i>	<i>Weight:</i>
<i>Purchased</i>	<i># Pallets:</i>	<i>Weight:</i>
<i>Other</i>	<i># Pallets:</i>	<i>Weight:</i>
<i>Signature:</i>		

SOUTH WAREHOUSE (LETHBRIDGE)