

## Documentation of Vendor Contract

### Food Contracts Less than \$250,000

Send completed form to DHSS-CFNA with the Food Service Management Contract

	Vendor Information	Date of Contact	Method of Contact (phone, fax, in person, etc.)		Price Per Meal			Total Price Quote
				Meal	Unit Price	Estimated Servings per Day	Estimated # of Days	
<b>Vendor #1</b>								
name				Breakfast				
address				Lunch				
phone #				Snack				
contact person				Supper				
<b>Vendor #2</b>								
name				Breakfast				
address				Lunch				
phone #				Snack				
contact person				Supper				
<b>Vendor #3</b>								
name				Breakfast				
address				Lunch				
phone #				Snack				
contact person				Supper				

DHSS-CFNA contact information: **Address:** PO Box 570, Jefferson City, MO 65102 **Phone:** 800-733-6251 **Fax:** 573-526-3679 **E-Mail:** CACFP@health.mo.gov