

DATE REC'D _____

DLA-TS LOG-IN # _____

UGR-A NEW SOURCE INTRODUCTION FORM

(NOTE: PAGES 1 AND 2 MUST BE COMPLETED)

VENDOR INFORMATION:

UGR-A CONTRACTOR _____ CONTRACT # _____

MANUFACTURE'S NAME/ADDRESS: _____

USDA EST # (If Applicable): _____

VETCOM Approved Source dated _____, page # _____

IS A DLA-TS NSN/LSN ASSIGNED TO THIS ITEM? If so, please provide. _____

PRODUCT INFORMATION:

DESCRIPTION (Brief description of the product): _____

BRAND NAME OF PRODUCT: _____

CHECK ONE: _____ SEMI-PERISHABLE _____ FROZEN _____ SHELF STABLE

CIRCLE ONE: BATTERED BREADED SEASONED MARINATED
CUT CHOPPED DICED SHREDDED SLICED

VARIETY/COLOR/FLAVOR: _____

FOR MEAT ITEMS:

NAMP/IMPS# _____ WEIGHT RANGE _____ PRODUCT GRADE _____

HOW PACKAGED: BULK _____ INDIVIDUALLY WRAPPED PORTIONS _____

CONTAINER MATERIAL: _____ CONTAINER SIZE _____ U/I: _____

ITEM WEIGHT: _____ COUNT PER POUND: _____ PORTION SIZE: _____

UNITS PER CASE: _____ Product Case Dimensions _____

NOTE: Perishable cases may require breaking and re-packing in finished UGR-A ration module. If so, the primary container and components must be fully labeled.

OTHER INFORMATION APPLICABLE TO PRODUCT/ SPECIAL REQUIREMENTS: _____

DLA-TS REGISTER # _____

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PAGE 2 OF 2

PRODUCT INFORMATION (CONT'D):

SHELF LIFE: _____

INGREDIENT STATEMENT: _____

PREPARATION INSTRUCTIONS: _____

NUTRITIONAL INFORMATION: _____

Truckload Delivered UNIT PRICE *	Truckload Delivered CASE PRICE	COST TO MODULE*	_____
LTL Delivered UNIT PRICE *	LTL Delivered CASE PRICE	COST TO MODULE*	_____

*PRICES ARE SUBJECT TO CHANGE BASED ON MARKET FLUCTUATIONS

BENEFIT ANALYSIS (e.g. reduced cost to module/ improved quality/ menu improvement) Please explain:

POINT OF CONTACT:

Below is the POC for all literature, the information contained herein and product samples if deemed necessary.
If samples are necessary, a one-time fee of \$900 may be charged. Introductory forms may be forwarded to:

QUALITY ASSURANCE SPECIALIST
DLA Troop Support-FTRE
700 ROBBINS AVE.
PHILA, PA 19111
TELEPHONE: 215-737-7802
FAX: 215-737-2988

NATICK:

The following must be completed when samples are furnished to NATICK for evaluation:

ITEM LOT CODE # _____ SAMPLES PROVIDED FOR EVALUATION