



Ingredient Sourcing Form

Vendor Name _____ Date _____

Instructions:

- List different menu items/products in each numbered box. Include all flavors offered and indicate if seasonal/rotating in numbered box.
- Record all ingredients including separate flavor additions. Check the right-hand box if specific ingredient is sourced directly from a farm (not including distributors).
- List all farms you directly purchase from and their contact for sourcing verification.
*if you need help finding farms, reach out to PFM before you turn in your ingredient sourcing form.

Menu Item or Product	List all product Ingredients		List all product Ingredients		Farm Source(s) for raw ingredients
	Check box if farm direct		Check box if farm direct		
1.		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
2.		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
3.		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	

Notes: