

Kasa's Food Dist. Co. Inc.

RD5 Box 5167 Stroudsburg, PA 18360

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MOZZARELLA CHEESE DIVERSION FORM

Please complete and fax back before the deadline.

School Name: _____

Recipient Agency Number: _____

Food Service Director: _____

Address: _____

Phone Number/Ext.: _____

Fax Number: _____

The above school has agreed to divert _____ pounds of commodity

Mozzarella cheese for the School Year: _____.

If you would like **NET OFF INVOICE** (if available) please complete:

Distributor's Name: _____

Address: _____

Contact: _____

Phone: _____

Signature of Authorizing Food Service Director / Date