



AUTHORISATION FORM FOR MEALS

**CLIENT DETAILS**

Surname:.....GivenName:.....  
DeliveryAddress:.....  
Phone#:.....

**ORGANISATION DETAILS**

CaseManager:.....Phone#:.....  
EmailAddress:.....  
Organisation:.....  
BillingAddress:.....

**AUTHORITY DETAILS**

.....(number of) Meals. ....(number of) Desserts per Week / Fortnight / OneOff / Trial (circle one)  
Note: minimum 6 meals per delivery

**ORDERING OPTIONS**

.....Phone      .....Fax      .....Web      .....Email  
.....FutureOrderToDriver (forms available)  
.....StandingOrderToBe SetUp (repeating or rotating orders, weekly,fortnightly etc)

**RESPONSIBILITY for ORDERING (tick one or more)**

.....Client      .....CaseMgr      .....ReminderIfNoOrderIn

**DELIVERY OPTIONS (tick one or more)**

.....TakeInside      .....PutInFreezer  
.....HandAtDoor      .....LeaveIfNotHome

**OTHER INSTRUCTIONS/ NEEDS / NOTES-**

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