

**OREGON DEPARTMENT OF FORESTRY
RESOURCE INFORMATION AND SUPPLEMENTARY RATE SHEET
FOR TYPE 3 MOBILE FOOD SERVICES RESOURCES**

BUSINESS NAME/MAILING ADDRESS	BUSINESS OWNER NAME
DESIGNATED DISPATCH LOCATION ADDRESS	PHONE
PRIMARY DISPATCH CONTACT NAME	EMAIL PHONE

• **Option 1: Type 3 Mobile Food Service Unit (MFSU)**

Hot Breakfast Rate: # ___ ea \$ _____ # ___ ea \$ _____ # ___ ea \$ _____
 Cold Can Breakfast Rate: # ___ ea \$ _____ # ___ ea \$ _____ # ___ ea \$ _____
 Shift Provisions/Lunch Rate: # ___ ea \$ _____ # ___ ea \$ _____ # ___ ea \$ _____
 Dinner Rate: # ___ ea \$ _____ # ___ ea \$ _____ # ___ ea \$ _____
 Mileage Rate (per mile): \$ _____ Relocation Rate: \$ _____

Please include a list of any Optional/Supplemental items that you would like to offer on a separate sheet with details and pricing. Ordering of Optional/Supplemental items are subject to FDUL approval if ordered.

• **Option 2: Type 3 Catering Service (Local Use Only) * may provide one or more meal options**

Hot Breakfast Rate: # ___ ea \$ _____ # ___ ea \$ _____ # ___ ea \$ _____
 Cold Can Breakfast Rate: # ___ ea \$ _____ # ___ ea \$ _____ # ___ ea \$ _____
 Shift Provisions/Lunch Rate: # ___ ea \$ _____ # ___ ea \$ _____ # ___ ea \$ _____
 Dinner Rate: # ___ ea \$ _____ # ___ ea \$ _____ # ___ ea \$ _____
 Mileage Rate (per mile): \$ _____

AUTHORIZATION: The undersigned acknowledges, attests, and certifies individually and on behalf of the Resource Provider that the information contained herein is true, accurate and complete, and the required supplemental documentation is attached. Any falsification, omission, or concealment may subject to liability. The Resource Provider is bound by and shall comply with all provisions, terms, conditions, and requirements of this Agreement, including all Addendums, Attachments, Appendixes, and Exhibits, and is authorized to perform Services in the state of Oregon. The Resource Provider acknowledges that company and Resource performance history, industry durability and rates offered may affect dispatch priority order of resources.

AUTHORIZED COMPANY REPRESENTATIVE PRINTED NAME/SIGNATURE	Date
ODF CONTRACT OFFICER PRINTED NAME/SIGNATURE	Date