

ATTACHMENT 2

SUBSTITUTION REQUEST TEMPLATE

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USE COMPANY LETTERHEAD FOR REQUEST

DATE: _____

Subject: Substitution request for [COMPONENT NAME]

01 New Substitution Request: ☐ Extension of Previous Request: ☐ (Provide a copy of original approval letter)

02 Ration Type (MRE, FSR, MCW, etc.): _____

03 Component for Which Substitution Is Required: _____

04 Provide Detailed Information to Justify the Request (Sufficient to support an Engineering Support Case): _____

05 Substitution Quantity Required: _____

06 Time Period for Substitution: _____

07 Which Menu Number(s) Will the Substitution Be Used In? _____

08 Number of Affected Menus: _____

09 Number of Affected Cases: _____

10 Proposed Substitution(s): _____

Note 1: Provide nutritional information (preferably a copy of the Nutrition Facts label from the package) for the component that the substitution is required for as well as any proposed substitution. At a minimum, calories, fat, protein, carbohydrates, and sodium information is required) Thank you, Point of Contact Info with phone number and email address