SUBSTITUTION REQUEST TEMPLATE

USE C	E COMPANY LETTERHEAD FOR REQUEST DATE:				
Subjec	ject: Substitution request for [COMPONENT NAME]				
01	New Substitution Request: ☐ Extension Of Previous Request: ☐ (Provide a capproval letter)	copy of original			
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	nk you,				
Point of Contact Info with phone number and email address					