

NUTRITION AND DIET SERVICES INGREDIENT WORKSHEET

Company Name:

Date

Product Name:

If you have nutrition information for special ingredients (i.e. prepared mixes, seasoning mixes), please fax a copy to us.

Ingredient Name & Description*	Brand name Product code #	Supplier phone no.	Amount** (weight is preferred)

*Include description such as: salted, unsalted, raw, canned, frozen, dehydrated, etc.

**Amount: weight (pounds, ounces, grams) is preferred, but you may use volume (cups, tablespoons) or percentages

Fill in the blanks as they apply to your product:

Product Category: bakery product beverage cereal/grains dairy dessert entree
 salads sauce dips condiment snack

Product form (as sold): raw baked fried bottled frozen other

Batch Weight:

Total batch weight or number after processing _____ (applicable to foods with loss after cooking)

Number of finished pieces or cups per batch _____

Weight of 1 finished piece or 1cup: _____ ounces or _____ grams

Baked Products only, list: _____ raw batch or piece weight _____ baked batch or piece weight

Package Net Weight: _____ ounces or _____ grams of contents only