

Frozen Meals Order Form

Date.					
Name:					
Address:					
Telephone:					
Main Meals		Diet	Quantity	*Pric	e Total
Roast Beef with Gravy			Quantity	\$6.00	
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Roast Lamb with Gravy		* \(\nabla \)		\$6.00	
Roast Chicken with Gravy		$\square * \nabla$		\$6.00	
Roast Pork with Gravy		* \(\nabla \)		\$6.00	
Cottage Pie		O □ *		\$6.00	
Sausages & Gravy				\$6.00	
Corned Silverside & Parsley Sauce		□ *		\$6.00	
Crumbed Fish		0 🗆		\$6.00	
Desserts			,		-
Apple Pie & Cream				\$3.00	
Peaches & Custard		\bigcirc \square ∇		\$3.00	
Sticky Date with Caramel Sauce		0		\$3.00	
Bread & Butter Pudding		0		\$3.00	
			Total	Amou	nt:
Diet Key:	Sluten Free $\ abla $ Low Salt		Salt	Soft	
Client Signature:					
Fam Office Uses O. I					
For Office Use Only:	Order Number				
Delivery Date:	Order Number:				
Staff Signature:					

1300 810 771

^{*} Prices are valid for eligible clients under the Commonwealth Home Support Programme. Meals can be purchased by the community - please enquire for a price.