



MEMORANDUM NOTE DE SERVICE

To À	TB Program – Public Health Unit Regional Office EMAIL: mbphu@sac-isc.gc.ca FAX NUMBER: (204) 983-0519		
FROM DE	DOT Worker / NIC _____	DATE	
SUBJECT	MONTHLY DOT ENABLER ORDER FORM - ATTACHED		

Number of clients on DOPT(LTBI): _____

Number of clients on DOT(TB): _____

Number of Doses to be given this month: _____

- Please fax the DOT Monthly Food Order Form by the 15th or end of each month, along with this memo to (204) 983-0519
- If you have any questions, or to follow up on your order, please contact mbphu@sac-isc.gc.ca

**Monthly DOT Enabler Order Form****Fax or email to (204) 983-0519 mbphu@sac-isc.gc.ca****Community:** _____ **Month:** _____

Item Description	Cost	Qty.	Total Cost
Assorted Granola Bars (12 boxes per case)	\$29.78		
Baby Gourmet Squeeze Baby Food (12 pack)	\$42.65		
Family Size Box of Arrow Root Biscuits (individual)	\$5.99		
Case of Apple Sauce (48/case) Specify flavor(s)			
Unsweetened Field Berry	\$38.69		
Sweetener Apple	\$38.69		
Case of Pudding (48/case) Specify flavor(s)			
Butterscotch	\$38.69		
Chocolate	\$38.69		
Vanilla	\$38.69		
Case of Cheese and Crackers (72/case)	\$58.99		
Cereal Bowls (8 pack)	\$9.99		
Chocolate Syrup (individual)	\$8.99		
Dad's Oatmeal Cookies (individually wrapped / 2 cookies	\$68.69		
Delmonte Fruit Cups (24 per case)	\$33.79		
Sprinkles	\$4.99		
Suckers	\$42.95		
Sour Candy Spray (12 per case)	\$35.78		
Fruit Roll-ups (10 per case)	\$51.48		
Generic Juice (individual size – 40 per case) Specify flavor(s)			
Apple	\$23.99		
Orange	\$23.99		
Fruit Punch	\$23.99		
Grape	\$23.99		
Strawberry Kiwi Juice (individual size – 32 or 40 per case)	\$23.99		
Kool-Aid Jammers (individual size – 10 per box) Specify flavor(s)			
Blue Raspberry	\$5.99		
Grape	\$5.99		
Cherry	\$5.99		
Kool-Aid Liquid Mix (12 per case) Specify flavor(s)			
Cherry	\$58.95		
Grape	\$58.95		
Tropical Punch	\$58.95		
Tang Concentrate (12 per case)	\$62.76		
Lemonade Concentrate (12 per case)	\$62.76		
Bottled Water (12 pack)	\$4.99		

Grand Total: _____* The Memorandum cover sheet **MUST** accompany the Monthly DOT Enabler Order Form