YUM BRANDS FULFILLMENT SERVICES
3528 COMOTARA
WICHITA, KS 67226
316-634-0212 ext. 209

COMPLETE REQUISITION
AND E:MAIL TO
yumbrands-ybfs@yum.com
OR FAX TO 316-634-2113

TACO BELL FIELD FORMS REQUISITION

SHIP TO:			BILL TO:		
BUSINESS NAME			BUSINESS NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
WE MUST HAVE YOUR UNIT NUMBER OR COST CENTER # TO PROCESS YOUR ORDER, THANK YOU!			STORE UNIT # OR COST CENTER #		
REQUESTED BY	TELEPHONE # WITH AREA CODE		DATE	AUTHORIZED BY	

YOUR ORDER WILL BE SHIPPED UPS GROUND UNLESS OTHERWISE SPECIFIED HERE. PLEASE SHIP MY ORDER OVERNIGHT _____ 2-DAY _____

ITEM NUMBER	ITEM DESCRIPTION	QUANTITY NEEDED

REQUIRED INFORMATION FOR YOUR ORDER TO BE PROCESSED

1. *Ship to* address must be a restaurant or office.
2. Restaurant # or cost center # must match ship to address for order to be processed.
3. *Bill to* address must be completed if different from *ship to* address.
4. Restaurant # or cost center # must match *bill to* address for order to be processed.
5. Item number for each item ordered.
6. Quantity for each item ordered.
7. Description of each item ordered.
8. Requesters signature must be RGM or above.
9. Phone number of requester restaurant or office
10. Date.
11. Authorization signature.