



# Ozarks Food Harvest

## Shopping Procedures

Welcome to Ozarks Food Harvest, the Food Bank of the Ozarks. We are excited to have this opportunity to work with your organization. We will do our best to provide good service and quality products each time you visit and expect you to do the same by following our shopping procedures. Below is a list of requirements that we expect each agency to follow.

- **BE ON TIME:** If you are 10 minutes late, we will refuse service in order for us to stay on schedule.
- Repeated no show/no call agencies will be put on suspension
- Wear closed-toed shoes at all times for your own safety.
- No wandering around in the warehouse.
- The shopping room is the only room where agencies can look through food/nonfood, not the warehouse.
- Bring a person to help you load the vehicle faster.
- If you are given 30 minutes to shop, you are expected to complete your menu (optional), shop in the shopping room (optional), and load the order in your vehicle all within that timeframe.
- You are more than welcome to ask for your food menu up to 15 minutes before your scheduled shopping appointment as long as you fill it out in your vehicle or in the very corner of the shopping room to be out of shopper's way. Do not ask any questions about the menu until it is your turn to shop.
- We cannot hold any orders for you; you will need to get the appropriate sized vehicle with you depending on how much you are planning to order.
- Agencies are allowed to shop once a week, four times a month.
- You can book an appointment up to 30 days in advance.
- You are required to shop at Ozarks Food Harvest at least once a quarter (stated in the Membership Application).
- To book a shopping appointment, call our main office at (417)865-3411 or when you come down to shop.
- You will receive an invoice towards the end of your shopping appointment. You will not receive another copy of an invoice in the mail. You are required to pay the full balance on that invoice 15 days from the order date. Agencies that do not pay on time will face consequences.

Please print and sign your name below and return by mail or fax 417-865-0504

Agency Name: \_\_\_\_\_

ID# \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Agency Executive Director or Administrator *Signature*

\_\_\_\_\_  
Agency Executive Director or Administrator *Printed Name*