**UO handheld competition**

**Recipe TEMPLATE**

|  |  |
| --- | --- |
| **TEAM NUMBER** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Menu Item** |  | | |
| **Number of Portions** |  | **Portion Size** |  |
| **Cooking Method(s)** |  | | |
| **Recipe Source** |  | | |

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| **Ingredients** | |
| **Item** | **Amount** |
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| **Procedure** |
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**Recipe Cost TEMPLATE**

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| --- | --- | --- | --- |
| **TEAM NUMBER** |  | | |
| **Menu Item** |  | | |
| **Number of Portions** |  | **Portion Size** |  |

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| --- | --- | --- | --- | --- | --- |
| **Ingredient** | **Purchase Unit** | **Purchase cost** | **Unit cost** | **Amount Needed** | **Ingredient Cost** |
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| **Subtotal** |  |
| **1 % for small amounts of spices (Q Factor)** |  |
| **Total Recipe Cost** |  |
| **Portion Cost** |  |

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**Menu Price TEMPLATE**

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| --- | --- |
| **TEAM NUMBER** |  |

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| --- | --- |
| **Recipe** | **Portion Cost** |
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| **Total Plate Portion Cost** |  |
| **Menu Price at 33% Food Cost** |  |
| **Actual Price on Menu** |  |

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**SUBSTITUE INGREDIENT(S) TEMPLATE**

* Identify any potential food allergens within your handheld recipe and make a note about recommended substitutions. More information on food allergens here: <https://www.fda.gov/food/food-labeling-nutrition/food-allergies>
* If your handheld recipe contains gluten, make a note about gluten free alternatives. More information about gluten free alternatives here: <https://celiac.org/gluten-free-living/gluten-free-foods/>
* Make a note about vegan alternatives/substitutions.
* Cite your references.

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| --- | --- |
| **Ingredient (identify allergen/item)** | **Substitution (list reference)** |
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| **References** |
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