SFSP Daily Delivery Form						
Sponsor Name			Date of Delivery:			
Vendor Name			Time of Delivery			
Site Name						
Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
# of Meals Ordered						
# of Meals delivered						
Food Items Delivered (including milk)	Portion Size	Amount Sent	Temp & Time leaving kitchen	Temp & Time at Delivery	Leftovers	
Substitutions:			Special instructions/Notes:			
Delivery: (Print name of Vendor Representative)						
Receipt: (Print name of Site Representative)						
List any problems or discrepancies with food delivery						