

SFSP Delivery Receipt

Site name:		Today's Date:	
Meal Type: <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> AM/SN <input type="checkbox"/> PM/SN <input type="checkbox"/> SU			
Time meals are delivered:		Number of damaged/spoiled meals:	
Meal Pattern Component	Food Item(s) Sent (List specific food items)	Portion Size	Number of Servings Sent
<i>Meat/Meat Alternate</i>			
<i>Grains</i>			
<i>1st Serving Fruit/Vegetable</i>			
<i>2nd Serving Fruit/Vegetable</i>			
<i>Fluid Milk</i>			
<i>Other (e.g., condiments)</i>			
<i>Special Notes/Instructions:</i>			

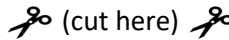
Vendor/Central Kitchen Signature

Date

Site Supervisor Signature

Date

This institution is an equal opportunity provider.



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