

SFSP Pick-up/Delivery Receipt

1

Pick-up Receipt (Completed by delivery person)

Site Name:

Site Address:

Meal Type (check one):

- Breakfast AM Snack
 Lunch PM Snack
 Supper

Meal Components	Count
Milk	
Fruits/Vegetables	
Grains/Bread	
Meat/Meat Alternate	
Total Meals	

Time & Temperature

Meal Temperature _____ C/F
 Pick-up Time (from FSMC or Central Kitchen) _____ AM/PM
 Delivery Time _____ AM/PM

Comments/Concerns:

 Delivery Person's Name

 Date

2

Delivery Receipt (Completed by Site Supervisor)

Site Name:

Site Address:

Meal Type (check one):

- Breakfast AM Snack
 Lunch PM Snack
 Supper

Meal Components	Count
Milk	
Fruits/Vegetables	
Grains/Bread	
Meat/Meat Alternate	
Total Meals	

Time & Temperature

Meal Temperature _____ C/F
 Received Time _____ AM/PM

Comments/Concerns:

 Site Supervisor's Name

 Date