

SFSP DAILY DELIVERY SLIP

Vendor Name: _____

Date of Delivery: _____

Name of Site Food Delivered To: _____

Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Number of Meals Ordered						
Number of Meals Delivered						

Description of Food Items Delivered (including milk, if applicable)	Quantity Delivered or Serving Size	Food Item Delivered (check one)		Temperature and Time					
		Unitized	Bulk	Temp. leaving kitchen	Time	Temp. at delivery	Time	Temp. when served	Time

Type and Amount of Milk Delivered Today (if applicable)	Number of 4 oz. Cartons	Number of 8 oz. Cartons	Number of Half Gallons	Number of Gallons
Fat Free (Skim)				
Low Fat (1%)				

DELIVERY	Print Name Vendor Representative _____	Signature Vender Representative _____	Time of Delivery: _____
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RECEIPT	Print Name Sponsor Representative _____	Signature Sponsor Representative _____
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List any problems or discrepancies regarding food and/or delivery:

