

PREPARATION SLIP/ DAILY DELIVERY

Name of Program:		Date of Delivery or Prepared:				
Name of Site Prepared in or Central Kitchen						
Meal Type <small>(Only one meal and one snack)</small>	Breakfast	Lunch	Supper	Evening Snack		
Number of Meals Prepared						
Number of Meals Delivered						
Name of Site where Food Delivered or prepared in central kitchen, # of Meals # of milks delivered	Description of food items (Ex. Fruit/veg - green peas)	Temperature and Time				Meals & Milks not served
		Temp leaving kitchen	Time	Temp at Delivery	Time	
Meals - Milk -	Milk Fruit/veg- Grains/Breads- Meat/Alternative-					Meals - Milk-
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Type and Amount of Milk Delivered Today (if applicable)	Number of 8 oz. Cartons	Number of Half Gallons	Number of Gallons		Time of Delivery	
Fat Free (Skim)						
Low Fat (1%)						
DELIVERY	Print Name Representative	Signature Representative				
RECEIPT	Print Name Sponsor Representative	Signature Representative				
List any problems or discrepancies regarding food and/or delivery:						