

PREPARATION SLIP / DAILY DELIVERY

Name of Program:	Date of Delivery or Prepared:
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Name of Site Prepared in or Central Kitchen:

Meal Type <small>(only one meal & one snack)</small>	Breakfast <small>(Weekends only)</small>	Lunch <small>(Weekends only)</small>	Supper	Evening Snack	
Number of Meals Prepared					
Number of Meals Delivered					

Description of Food Items Delivered	# Meals Delivered & # milks Delivered	Temperature and Time				Meals & Milks not served
		Temp. leaving kitchen	Time	Temp. at delivery	Time	
Name of Site Food Delivered to or prepared in Central Kitchen & Description of food Items Delivered :	MEALS- _____ MILK- _____					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:

