

Delivery Receipt for Vended Satellite Meal Service

Sponsor Name: _____

Vendor Name: _____

Site Name and Address: _____

Site Supervisor Name: _____

Date: _____ Time: _____

Meal Type: Breakfast AM Snack Lunch PM Snack Supper

Temperature upon leaving kitchen (kitchen complete): _____

Temperature upon arrival (Site Supervisor complete): _____

Meals Ordered (kitchen complete): _____

Meals Packed for Delivery: _____

Meals Delivered (Site Supervisor count and complete): _____

of Damaged or Incomplete Meals Delivered (Site Supervisor complete, if applicable): _____

Circle Meal Type:	Breakfast	AM Snack	Lunch	PM Snack	Supper
Meal Component	Food Item			Quantity	
Milk					
Meat/Meat Alternate (M/MA)					
Fruit/Vegetable					
Fruit/Vegetable					
Grains/Bread					
Other					

Notes/Comments: _____

Signature of Site Supervisor: _____ Date: _____

This institution is an equal opportunity provider.