

Delivery Receipt for Satellite Meal Service

Sponsor Name: _____

Production Kitchen Name and Address: _____

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.