

BULK FOOD DELIVERY/ TRANSFER RECEIPTS

SFA/FSMC Name: _____ **Date:** _____

Site Name: _____ **Meal Type(circle one):** B L S SNACK

Specify menu item →	Milk: _____	Meat: _____	Vegetable: _____	Fruit: _____	Bread: _____
Serving Size					
Quantity					
Time Sent					
Amount Received					
Time Received					
Temperature					

FSMC/SFA Representative: _____

Signature of Driver: _____

Signature of Authorized Representative: _____

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