

**North Carolina Department of Health and Human Services
 Division of Public Health
 Women's & Children Health Section
 Nutrition Services Branch
 Special Nutrition Programs**

**Summer Food Service Program
 Donation Documentation**

Must complete all requested information

Sponsor's Organization: _____ Agreement #: _____

Date of Donation: _____

Donation Made

Item	Size (oz., gm., lbs)	Amount	Cost
<i>Mandarin Oranges</i>	<i>No. 10 can or 96 oz.</i>	<i>5</i>	\$ <i>34.95</i>
			\$
			\$
			\$
			\$
Total Cost of Items Donated			\$

Donor's Name (Printed): _____

Donor's Phone Number: _____

**I certify the information provided above is true and accurate*

 Donor's Signature

 Date

 Sponsor Authorized Personnel's Signature

 Date