

**NON-UNITIZED FOOD DELIVERY/ TRANSFER RECEIPTS**

**SFA/FSMC Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

	<b>Milk:</b>	<b>Meat:</b>	<b>Vegetable:</b>	<b>Fruit:</b>	<b>Bread:</b>
Specify menu item →	_____	_____	_____	_____	_____
Serving Size provided by vendor					
Quantity Sent from Vendor					
Time Sent from Vendor					
Temperature at Vendor					
Quantity Received at Site					
Time Received at Site					
Temperature at Site					

**Signature of FSMC/SFA/Central Kitchen Representative:** \_\_\_\_\_

**Signature of Receiving Site Supervisor:** \_\_\_\_\_

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