

DELIVERY/PICK-UP RECEIPTS SHELF STABLE MEALS

Sponsor: _____ Date of Delivery: _____

Site Name: _____ MEAL (circle one): B L S SNACK

MEALS:

| DAY/DATE OF SERVICE | MEAL NUMBER | AMOUNT SENT | AMOUNT RECEIVED | AMOUNT SERVED | MEALS NOT SERVED |
|---------------------------------|-------------|-------------|-----------------|---------------|------------------|
| MONDAY DATE: _____ | | | | | |
| TUESDAY DATE: _____ | | | | | |
| WEDNESDAY DATE: _____ | | | | | |
| THURSDAY DATE: _____ | | | | | |
| FRIDAY DATE: _____ | | | | | |
| SATURDAY DATE: _____ | | | | | |
| SUNDAY DATE: _____ | | | | | |

MILK:

| DAY OF SERVICE | UNIT SIZE | AMOUNT SENT | AMOUNT RECEIVED | AMOUNT SERVED | TEMP AT SERVICE | MILK NOT SERVED |
|------------------|-----------|-------------|-----------------|---------------|-----------------|-----------------|
| MONDAY | | | | | | |
| TUESDAY | | | | | | |
| WEDNESDAY | | | | | | |
| THURSDAY | | | | | | |
| FRIDAY | | | | | | |
| SATURDAY | | | | | | |
| SUNDAY | | | | | | |

- ❖ I certify that the information submitted on this form is true and correct and understand that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature of originating central kitchen representative or designee: _____

Signature of receiving site supervisor or designee: _____

Instructions for Delivery Receipt

- ❖ Fill in the *sponsor name, date of delivery, site name, and type of meal* (breakfast, lunch, supper, or snack).
 - One sheet per meal type per a week period.
 - Example: if the site serves 2 meals a day Monday-Friday and a month's worth of food is delivered; a total of 8 delivery receipts must be completed
- ❖ Meals
 - **MEAL NUMBER:** A master menu must be present at all of the sponsor's sites. Each meal must be assigned a number. The sponsor will indicate the meal to be served each day. The meal served must correspond with the given menu number.
 - **DATE OF SERVICE:** Indicate the date the meal is to be served.
 - **AMOUNT SENT:** The sponsor must indicate the amount of meals sent for each day of the week.
 - **AMOUNT RECEIVED:** Upon delivery the site supervisor or designee must count the number of meals delivered. The number of meals received should match the number of meals sent. If not, make appropriate adjustments so that the amount sent equals the amount received.
 - **AMOUNT SERVED:** The number of complete meals (all meal components must be served) served during the meal service. This number should match the number on the daily meal count form for the same day and same meal.
 - **MEALS NOT SERVED:** The amount sent/received minus the amount served equals the amount recycled
 - Example: If 10 meals were sent and received, but only 7 meals were served. 3 meals are recycled.
- ❖ Milk (Complete this section if milk is not part of the shelf stable meal)
 - **UNIT SIZE:** Indicate the unit size of the milk. (Example: gallon, half-pint, etc.)
 - **AMOUNT SENT:** The sponsor must specify the amount sent for each day of the week.
 - **AMOUNT RECEIVED:** Upon delivery the site supervisor must count the number of milks received. The number of milks delivered should match the total number of milk received. If not, make appropriate adjustments so the amount sent equals the amount received.
 - **AMOUNT SERVED:** Indicate the amount of milks served during meal service.
 - **TEMP AT SERVICE:** The site must take the temperature of milk prior to meal service. Using a thermometer record the milk temperature. The milk must be at least 45 F degrees or less.
 - **MILK NOT SERVED:** The number of milks sent/received minus the number of milk served equals the number of milk recycled.
- ❖ Signatures for the originating central kitchen representative or designee and the receiving site supervisor or designee are required.
- ❖ The delivery receipts should be returned to the sponsor at least once a week following completion of meal service.